A

TREATISE

ON

GONORRHŒA VIRULENTA,

AND

LUES VENEREA.

BY

BENJAMIN BELL,

MEMBER OF THE ROYAL COLLEGES OF SURGEONS
OF IRELAND AND EDINBURGH,
ONE OF THE SURGEONS TO THE ROYAL INFIRMARY, AND
FELLOW OF THE ROYAL SOCIETY OF EDINBURGH.

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TO

Doctor WILLIAM SANDERS,

Senior PHYSICIAN to GUY'S HOSPITAL,

Fellow of the ROYAL COLLEGE of PHYSICIANS, London,

And of the ROYAL SOCIETY of Edinburgh,

These VOLUMES are respectfully dedicated, as a small testimony of regard, and of public acknowledgment, for the advantages which have been derived from his various exertions to promote the extension and general utility of Medical Science, by

His obedient,

And very humble Servant,

BENJN. BELL.

EDINBURGH,
2d Jan. 1797.

PREFACE.

AS many of the ſymptoms of Gonorrhœa and Lues Venerea become frequent objects of the ſurgeon's attention, I at one time meant to have introduced a treatiſe on theſe diſeaſes in the Syſtem of Surgery, publiſhed ſome years ago, but I was prevented from doing ſo, by different publications upon the ſame ſubject being announced about that period.

As ſome of theſe works have been very favourably received, it may be imagined, that further writings upon the ſubject to which they relate can ſcarcely at preſent be required. It muſt indeed be admitted, that many valuable publications have come forth within theſe few years upon

this branch of the profeſſion; particularly one by Mr John Hunter of London, intituled, a Treatiſe on the Venereal Diſeaſe; and another, intituled, Practical Obſervations on Venereal Complaints, by Dr Swediaur. But although much information may be obtained from both of theſe works, as well as from ſome other late publications, there is ſtill much left for others to explain. Such is the effect of experience and obſervation, that farther advantages daily accrue from the labours of individuals in the treatment of this as well as of almoſt every other diſeaſe; and as this, I hope, will in ſome degree appear from the preſent publication, ſo I ſhall ſtill expect to find that the future endeavours of others will prove yet more ſucceſsful.

Among other points which I have more particularly attempted to elucidate, the treatment of Gonorrhœa by injections, and the quantity of mercury to be exhibited in Lues Venerea, are, perhaps the moſt

moſt important; and I flatter myſelf, that I have given views concerning them, which, in practice, will be found to merit attention. The cure of Gonorrhœa by injections is no doubt practiſed by many; but while in a great proportion of caſes it proves ſucceſsful, in others it fails entirely: The cauſe of this, ſo far as I know, has never hitherto been explained. Whether I may have conveyed an adequate idea of my opinion upon this point I cannot poſitively ſay; but the obſervations upon which it is founded are ſuch, that all who pay attention to the ſubject may be enabled readily to aſcertain ſuch caſes as will yield to injections, as well as thoſe in which no advantage is derived from them.

The opinion which I have ventured to ſupport, of the difference between the matter of Gonorrhœa, and that of Lues Venerea, will no doubt be cenſured by many. They ought, however, to recollect,

lect, in matters of opinion, which cannot be proved by demonſtration, that ſome uncertainty muſt always take place; and before cenſuring with ſeverity the opinions which others may ſuggeſt, they ſhould conſider whether their own may not be equally liable to objection. To me it appears that the reaſons which I have adduced in ſupport of my opinion are very concluſive, but I ſhall make full acknowledgment of my error, if ſufficient reaſons ſhall ever be given to ſhow that it is ill founded. In the mean time, it will be perceived, that the theory which I have adopted does not lead to any deviation from the practice which now generally prevails upon this point, while it ſerves to explain, more clearly than the opinion which has commonly prevailed, ſeveral of the phenomena of the two diſeaſes, as well as the cauſes of different remedies being neceſſary for each of them.

I do not expect that practitioners of experience and obſervation will receive much information from this publication, but I am hopeful that it will prove uſeful to beginners; for it has been equally my deſire to exhibit a correct view of the different ſymptoms of which I treat, and to point out the method of cure in a manner that will be clear and intelligible. Where theory is ever admitted, it is chiefly with a view to explain, upon rational principles, ſuch points as the ingenuity of ſome ſpeculative writers have tended to render intricate.

CON-

CONTENTS.

CHAPTER I.

Page

Conſideration of the Queſtion, Whether Gonorrhœa and Lues Venerea originate from the ſame Contagion, - 1

CHAPTER II.

Of Gonorrhœa Virulenta.

SECTION I.

General Obſervations on the Symptoms, Cauſes, and Seat of Gonorrhœa Virulenta, - - - 43

SECTION II.

Of the Prognoſis in Gonorrhœa Virulenta, 65

SECTION III.

General Obſervations on the Cure of Gonorrhœa Virulenta, - - 70

SECTION IV.

Of the Firſt Stage of Gonorrhœa, - 81

SEC-

SECTION V.

Page
Of the Second Stage of Gonorrhœa, 106

SECTION VI.

Of the Third Stage of Gonorrhœa, 120

SECTION VII.

Of the Fourth Stage of Gonorrhœa, 136

SECTION VIII.

Of Chordee, - - - 148

SECTION IX.

Of Hæmorrhages from the Urethra, 154

SECTION X.

Of Gonorrhœa in Women, - - 157

SECTION XI.

Recapitulation, - - 167

CHAPTER III.

Of the Consequences of Gonorrhœa Virulenta.

SECTION I.

General Remarks on the Consequences of Gonorrhœa Virulenta, - - 174

SEC-

Page

SECTION II.

Of Gleets, - - - 176

SECTION III.

Of Impotency from Seminal Weakneſs, 219

SECTION IV.

Of Obſtructions in the Urethra from Gonorrhœa Virulenta, - - 236

§ 2. *Of Tumours in the Subſtance of the Urethra and contiguous parts,* 237

§ 3. *Of Spaſmodic Obſtructions in the Urethra,* - - 242

§ 4. *Of Obſtructions in the Urethra from Fleſhy Excreſcences, or Caruncles,* - - - 256

§ 5. *Of Obſtructions in the Urethra from Strictures, properly ſo called; of Bougies, and Fiſtulæ in Perineo,* 260

SECTION V.

Of Deranged Senſations in the Bladder, Urethra, and contiguous Parts, 314

SECTION VI.

Of Swellings of the Teſticles, - 337

SEC-

SECTION VII.

Page
Of Swellings of the Spermatic Cord, 365

SECTION VIII.

Of Swellings of the Lymphatic Veſſels of the Penis, - - - 370

SECTION IX.

Of Swellings of the Glands of the Groin, 378

SECTION X.

Of Excoriations of the Glans and Prepuce, 384

SECTION XI.

Of Excoriations in the Parts of Generation in Women, - - - 394

SECTION XII.

Of Phymoſis and Paraphymoſis, 396

SECTION XIII.

Of Warts on the Glans and Prepuce, and Labia Pudendi, - - - 411

SECTION XIV.

Of Gonorrhœa Simplex, - 422

SECTION XV.

Farther Proofs of the Difference between Gonorrhœa Virulenta and Lues Venerea, 437
Appendix, - - - 445

A

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CHAPTER I.

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AN opinion has generally prevailed among practitioners, that Gonorrhœa Virulenta and Lues Venerea are of the ſame nature; that they originate from the ſame contagion; and are only diſtinguiſhed by the circumſtance of Gonorrhœa

SECTION VII.

Page
Of Swellings of the Spermatic Cord, 365

SECTION VIII.

Of Swellings of the Lymphatic Veſſels of the Penis, - - - 370

SECTION IX.

Of Swellings of the Glands of the Groin, 378

SECTION X.

Of Excoriations of the Glans and Prepuce, 384

SECTION XI.

Of Excoriations in the Parts of Generation in Women, - - - 394

SECTION XII.

Of Phymoſis and Paraphymoſis, 396

SECTION XIII.

Of Warts on the Glans and Prepuce, and Labia Pudendi, - - - 411

SECTION XIV.

Of Gonorrhœa Simplex, - 422

SECTION XV.

Farther Proofs of the Difference between Gonorrhœa Virulenta and Lues Venerea, 437
Appendix, - - - 445

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being a local diſeaſe of the urethra, while the other is a general affection of the ſyſtem. But, as there is cauſe to imagine that the two diſeaſes ariſe from different ſpecific contagions, and as the conduct of the cure muſt be influenced by one or other of theſe opinions being eſtabliſhed, it becomes a matter of importance to inſtitute an inquiry into this part of our ſubject.

Both diſeaſes are contracted in a ſimilar way; both, in the firſt inſtance, affect the genital organs; and they occaſionally appear at the ſame time in the ſame patient: hence it has been conceived that they have a common origin, and one method of cure has been ſuppoſed applicable to either.

The refuſal of ſome patients to ſubmit to the diſtreſs and inconveniency that frequently enſues from a protracted mercurial courſe, and who nevertheleſs recovered from the uſual ſymptoms of Gonorrhœa, firſt ſuggeſted a doubt of the two diſeaſes being produced by the ſame contagion. It is well known, that Lues Venerea can

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be certainly cured by mercury only; and the opinion reſpecting the exiſtence of a ſpecific contagion in Gonorrhœa, ariſing from this obvious and marked difference in the method of cure, appears to be fixed and eſtabliſhed by the following facts: The ſymptoms and conſequences of Gonorrhœa are perfectly different from thoſe which take place in Lues Venerea. Both diſeaſes have appeared at different periods in the ſame countries; and, in ſome inſtances, they have remained diſtinct and uncombined for a great length of time.

That the ſymptoms of the two diſeaſes are different, is univerſally known. A particular detail of ſuch as are peculiar to each, will be given in the enſuing chapters. At preſent, it is only neceſſary to obſerve, that Gonorrhœa conſiſts in a diſcharge of puriform matter from the urethra; which, even by thoſe who ſupport the contrary opinion, is now admitted to be, in almoſt every inſtance, a local affection, and that it very rarely contaminates the general habit of body: while

Lues Venerea is a diſeaſe of the conſtitution, ariſing from the abſorption of venereal virus from any part of the ſurface of the body, but moſt frequently from the genitals; from which enſue buboes, ulcers in various parts, particularly in the noſe and throat, pains and ſwellings in the bones, with a variety of other ſymptoms which it is not at preſent neceſſary to mention.

The firſt appearance of Lues Venerea is, for the moſt part, in the form of a chancre or ſmall ulcer, in ſome part of the penis. It is univerſally admitted, that even the ſlighteſt degree of chancre is apt to produce pox, or a general affection of the ſyſtem; inſomuch, that no practitioner of experience will truſt the cure of this ſymptom to local remedies. If the ſore be left to itſelf, it almoſt always becomes worſe. The matter which it affords is taken up by the abſorbents; and buboes, with the other ſymptoms that I have enumerated, very certainly enſue. Theſe are almoſt the univerſal conſequen-

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ces of ſores produced by the venereal virus; but they frequently occur where the ſkin remains entire; that is, abſorption of the venereal poiſon often takes place where no veſtige of ulceration is perceived: This, indeed, is denied by many; but I have met with it in various inſtances, and it will be admitted by every practitioner of experience. Now this being eſtabliſhed, in the application of the venereal virus to every other part of the body, if the matter of Gonorrhœa is of the ſame nature, why does it not, in almoſt every caſe of clap, enter the ſyſtem, and produce pox? So far as we know, the urethra is as plentifully ſupplied with abſorbents as other parts of the body; the ſame kind of matter, when applied to them here, ought therefore to be productive of ſimilar effects: and hence Lues Venerea ought, perhaps in every inſtance, to be the conſequence of Gonorrhœa, were the matter by which the two diſeaſes are produced the ſame.

As this is a ſtrong argument in favour of the two diſeaſes ariſing from different kinds of contagion, much ingenuity has been exerted by thoſe who ſupport the contrary opinion, in endeavouring to account for it.

In the firſt place, it has been ſaid, that Gonorrhœa ſometimes terminates in pox, and, therefore, that this of itſelf is a ſufficient proof of the two diſeaſes being the ſame.

Were it certain that this ever happened, no further evidence would be required, as a few well-marked inſtances would be concluſive; but every unprejudiced practitioner will admit, that no ſufficient proofs of it have ever occurred.

In order to ſupport this opinion, data muſt be received, which we know to be inadmiſſible. We muſt admit, that a perſon with chancres only, communicates to another, not only every ſymptom of pox, but of Gonorrhœa, and that another with Gonorrhœa only, gives to all with whom he may have connection, chancres

with

with their various conſequences. This ought, indeed, to be a very common occurrence; inſomuch, that every practitioner ſhould be able to decide upon it with certainty, if this opinion was well founded: Inſtead of which, it will be admitted by all, that the one diſeaſe being produced by the other, is, even in appearance, a very rare occurrence. I have paid much attention to the point in queſtion; and, in almoſt every inſtance, a few caſes only excepted, and where the moſt particular inquiries even were made, it has happened, that a perſon infected with Gonorrhæa has received it from another evidently labouring under that diſeaſe, and that chancres have very univerſally been communicated by ſuch as were diſtreſſed with chancres only.

This, I am convinced, will be commonly found to be clearly the caſe; ſo that a few inſtances, bearing ſome appearances of the contrary, are much more readily explained on the idea of the two diſeaſes being produced by different kinds

of contagion; and this may alſo be ſaid of the few ſolitary caſes that may be met with, of chancre being ſuppoſed to terminate in Gonorrhœa, and Gonorrhœa in chancre, and other ſymptoms of pox. We can more eaſily conceive that the ſame perſon ſhould, in ſome inſtances, receive, and therefore be able to communicate, both kinds of contagion, than that the incident we are conſidering ſhould be ſo ſeldom met with, were the opinion well founded, of the two diſeaſes being originally of the ſame nature.

However ill founded an eſtabliſhed opinion may be, if it has received the ſanction of being generally adopted, we know how difficult it is to overturn it. Few enter ſo minutely into the conſideration of ſuch points as to be able to decide upon them; and of thoſe who do, a very ſmall proportion ever take the trouble of engaging in ſuch diſcuſſions as are neceſſary for the conviction of others. This is perhaps the chief cauſe of the point in queſtion having remained ſo long in obſcurity,

ſcurity, as well as of the explanation hitherto uſually given, of various circumſtances in Gonorrhœa and Lues Venerea having been uniformly made to ſupport it. It will alſo ſerve to account for circumſtances being held forth as matter of fact, which, on inquiry, are perceived to be ill founded; for, when once an opinion is admitted, we are apt to give ſuch an explanation of whatever may ſeem to relate to it, as can in any way tend to ſupport it.

Thus, although few in the preſent age will aſſert that Gonorrhœa often terminates in Lues Venerea, yet many allege that it is apt to do ſo whenever it is improperly treated. Whatever puts a ſudden ſtop to a copious diſcharge from the urethra, is by many ſuppoſed to produce Lues Venerea. Hence all who condemn the uſe of injections in Gonorrhœa, affirm, that they often convert a ſimple clap into a pox, by throwing into the blood what otherwiſe would have been carried off. This, however, is not ſupported by experience. A ſtimulating injection will no doubt excite pain

and inflammation in the urethra; and this, in ſome inſtances, will be productive of ſwelled teſtes, and perhaps of ſympathetic ſwellings in the glands of the groin; but I have not known a ſingle inſtance of pox being induced in this manner: and as I have long been in the daily uſe of injections, it muſt often have happened, if the idea that I have ſtated were well founded. Till of late, indeed, a patient who was ſo unfortunate as to have a clap ſuddenly ſtopped, was ſo certainly conſidered as poxed, that he was immediately put under a complete courſe of mercury, by which he was made to undergo a very unneceſſary and diſtreſsful confinement.

Although this practice, however, is now very commonly exploded, yet there are ſome who ſtill adhere to it. I was called, in April 1784, to viſit a gentleman, who, in a Gonorrhœa attended with a good deal of inflammation, had been ſo fooliſh as to live freely, and to ride much on horſeback. This, with the unguarded uſe of a very ſtimulating injection, put a ſudden

ſtop

ſtop to the diſcharge; and at the ſame time it excited a very conſiderable degree of pain and inflammation, along all the poſterior part of the urethra towards the proſtate gland and neck of the bladder, attended with a painful and frequent deſire to paſs water.

On the idea of theſe being ſymptoms of pox, he was immediately put under a courſe of mercury; and, when I firſt ſaw him, he had been uſing it for the ſpace of ſix weeks. The ſurgeon in attendance acknowledged that no advantage had been derived from the mercury; and the patient himſelf ſaid that his diſtreſs was daily increaſing. They were both, therefore, eaſily perſuaded to lay the mercury aſide; and, by the repeated application of leeches to the perineum, of fomentations, and opiates, to allay the pain, the inflammation ſoon began to ſubſide; and, in a ſhort time, he was perfectly well.

In December 1788, a young man called upon me, with a painful hard ſwelling in his groin, of an oblong form, nearly an inch

inch in diameter, and reaching from the ring in the external oblique muſcle down to the top of the teſtis. It appeared ſuddenly, about four months before, and ſeemed to be the conſequence of a clap being too haſtily ſtopped. He was at firſt attacked with ſevere pain at the neck of the bladder, which ſtretched to the groin, and down to the teſtis of the ſame ſide. This, together with a conſtant and painful inclination to void urine, rendered his life miſerable. Nor was his diſtreſs in any degree leſſened by a courſe of mercury which he was immediately put under. On the contrary, the ſwelling, which at firſt was not thicker than a common quill, was now very conſiderable. My opinion of it was, that at firſt it aroſe from inflammation of the vas deferens, which by degrees had ſpread to the reſt of the ſpermatic cord; but without affecting either the teſtis or epididemis. As a large quantity of mercury had been taken, and as, inſtead of proving uſeful, it had rather appeared to do harm, the ſurgeon whom he employed

ed was eaſily perſuaded to truſt the cure to other remedies. Local bloodletting with leeches was frequently repeated, both in the perineum and groin. The parts were regularly fomented with a ſolution of ſaccharum ſaturni. His bowels were kept eaſy with gentle laxatives, and he was put upon a mild diet of milk and vegetables. In a few days the pain abated, and the tumour gradually leſſened, till at laſt, after five or ſix weeks had elapſed, it was entirely gone.

In the courſe of laſt winter, I attended two different patients, with alarming ſymptoms about the neck of the bladder, evidently induced by the improper management of Gonorrhœa. The parts in both were not merely pained, but conſiderably ſwelled, accompanied with nearly a total ſuppreſſion of urine. Although in both the diſcharge from the urethra had ſtopped ſuddenly, I did not adviſe mercury. The patients being both plethoric, were plentifully blooded, firſt at the arm, and afterwards repeatedly with leeches in the

the perineum. This, with fomentations, and opiates to allay the violence of the pain, aſſiſted by a cooling regimen and gentle laxatives, very ſoon completed the cures.

Theſe inſtances are given out of a great number that I could adduce, merely to ſhew, that the ſymptoms which ſupervene on the ſudden ſtoppage of a clap, are local, and not connected with any diſeaſe of the conſtitution, which they neceſſarily would be, were they of the ſame nature with Lues Venerea.

It will perhaps be ſaid, that although this may have happened in a few caſes, yet that in others there has been cauſe to ſuſpect, that Lues Venerea has been the conſequence of a clap diſappearing in this manner. In anſwer to this, it is ſufficient for me to aſſert, that this is at leaſt a rare occurrence, as I think I am entitled to do, from my never having met with it. Some have ſuppoſed, that a ſudden check being given to the diſcharge of a clap, muſt neceſſarily throw the matter into the blood,

and

and that pox muſt therefore enſue from it. Were the matter of the two diſeaſes the ſame, this would often happen; ſo that, when we can ſhow that it ſeldom happens even in appearance, we are entitled, from this argument alone, to conclude, that they are produced by two different kinds of contagion; and, where pox has appeared at the ſudden termination of Gonorrhœa, that the two kinds of infection had either been commuicated together; or, what I have often met with, the patient may have received the pocky contagion by communication with a diſeaſed woman at the very time he laboured under Gonorrhœa. I have already remarked, that Lues Venerea is frequently produced by abſorption while the ſkin remains entire, and where no chancre or excoriation is perceptible. There is therefore much cauſe to imagine, that in long continued caſes of Gonorrhœa, many may be infected with Lues Venerea by communication with others labouring under it; and, as this may happen without any external

ternal mark of diſeaſe, it is not ſurpriſing, that, from this circumſtance alone, ſome fallacy ſhould ariſe.

Thoſe who imagine that the matter of the two diſeaſes is the ſame, admit that Gonorrhœa very ſeldom terminates in pox*. And they attempt to account for this

* This is even granted by one, who, in every other point, keenly ſupports the oppoſite doctrine. In ſpeaking of Gonorrhœa and Chancre not terminating ſo frequently as might be expected in the production of each other, he ſays, "Although it does not often happen, yet "it ſometimes does, *at leaſt there is great reaſon to be-* "*lieve ſo.* I have ſeen caſes where a Gonorrhœa came "on, and in a few days after in ſome, in others as many "weeks, a chancre has appeared; and I have alſo ſeen "caſes where a chancre has come firſt, and in the courſe "of its cure a running and pain in making water have "ſucceeded." V. Treatiſe on the Venereal Diſeaſe, by John Hunter, page 16.

This is what every practitioner has ſeen; but, by admitting ſo clearly that it is a rare occurrence, Mr Hunter tends rather to ſtrengthen the contrary opinion: for, were the two diſeaſes produced by the ſame kind of matter, the one would clearly and neceſſarily *often* terminate in the other. In the few inſtances of which Mr Hunter, in the courſe of extenſive practice, has met with, there is more

this, that is, for the two diſeaſes not being produced more frequently by the application of the ſame matter, by ſaying, that this depends upon the difference of parts to which the matter is applied.

They divide the different ſurfaces of the body chiefly into two kinds, what they term *ſecreting ſurfaces* and *non-ſecreting ſurfaces*. By the firſt they mean all the paſſages for extraneous matter, including alſo the ducts of glands, ſuch as the mouth, noſe, eyes, arms, and urethra; and by *non-ſecreting* ſurfaces, the external ſkin in general. To which they add a third kind of ſurface leading from the one to the other, as the glans penis, prolabium of the mouth, the inſide of the lips, and the female pudendum: which ſurfaces, par-

more cauſe to imagine, either that the two diſeaſes were communicated at once, or that the one was given while the patient laboured under the other, than that nature ſhould deviate ſo much from her ordinary courſe as to produce them in a few inſtances ſo very differently from what obviouſly happens in the courſe of general obſervation.

taking of the properties of each of the others, but in a leſs degree, are capable, as they ſuppoſe, of being affected in both ways, ſometimes by being excited to ſecretion, and at other times to ulceration*.

Upon this, their theory, or opinion of the point in queſtion, is attempted to be eſtabliſhed: When the contagion, either of Gonorrhœa or pox, and which they conſider to be the ſame, is applied to any part of the external ſkin, particularly to the glans penis, where the ſkin is thin, chancre or ulceration, they obſerve, will moſt readily enſue, as theſe are *not ſecreting ſurfaces;* while the ſame kind of matter applied to the urethra muſt neceſſarily, they obſerve, excite Gonorrhœa, from this being a ſecreting ſurface, and therefore not ſo eaſily affected with ulceration as with irritation; by which an increaſed diſcharge, attended with ſome change in the mucus of the part, muſt accordingly be produced.

This

* Vide John Hunter on the Venereal Diſeaſe.

This idea, however, is more ingenious than ſolid. It might anſwer the purpoſe of giving a ſpecious appearance to an ill-founded opinion, but it will not ſtand the teſt of inquiry.

In the firſt place, on the ſuppoſition of the matter of Gonorrhœa and Lues Venerea being the ſame, pox ought to be more frequently met with than claps, from the greater eaſe with which the matter of infection muſt, in every inſtance, be applied to thoſe parts on which it can produce chancres than to the urethra, where, inſtead of chancre or ulceration, it almoſt always excites Gonorrhœa. It is difficult indeed to conceive how the matter of infection finds acceſs to the urethra; while, on the contrary, all the external parts of the penis, particularly the glans, muſt be eaſily and univerſally expoſed to it: and yet Gonorrhœa is a much more frequent diſeaſe than pox. Caſes of Gonorrhœa are in proportion to thoſe of Chancre and Pox, ſo far as my obſervation goes, of about three to one; while it is obvious, that the

very reverſe ſhould happen, if the two diſeaſes were produced by the ſame matter *.

Again, were this the caſe, ſhould we not find Gonorrhœa, in a great proportion of caſes, terminating in Pox, and Chancre in Gonorrhœa? for every one knows, that in Gonorrhœa the matter is at all times paſſing from the urethra over the glans and prepuce, and in Chancre from the glans into the entrance of the urethra. It happens indeed, in a few inſtances: Mr Hunter, we ſee, has met with ſome caſes of it, that the one diſeaſe ſupervenes upon the other: but we have alſo ſeen that theſe are rare occurrences; and, where they have not been communicated by ſubſequent connection with an infected perſon, that the two diſeaſes have probably

* Mr Hunter ſuppoſes, that the proportion the caſes of Gonorrhœa bear to thoſe of Chancre, is as four or five to one. Vide Treatiſe on the Venereal Diſeaſe, p. 217. This is ſurely a weighty argument againſt the opinion he endeavours to ſupport, of Gonorrhœa and Chancre proceeding from the ſame contagion.

probably been given at one and the ſame time. It is no argument againſt this ſuggeſtion, to ſay, that inſtances ſometimes occur, of Gonorrhœa appearing during the continuance of chancres of ſeveral weeks duration, and *vice verſa;* for every practitioner muſt have met with inſtances of both diſeaſes having appeared at the diſtance of two or three months from any expoſure to infection.

I have at this moment a gentleman under cure, for a deep foul chancre, altogether within the urethra. It was of ſeveral weeks duration before I ſaw him, and yet no Gonorrhœa took place. He is now getting well, by a complete courſe of mercury, and repeated application of cauſtic.

Similar inſtances have probably occurred to every practitioner: So lately as the month of April laſt, I was called to a gentleman with a painful chancre on each ſide of the urethra. The ſore extended about the eighth part of an inch up the paſſage; and the parts being much inflamed, I heſitated to apply cauſtic. This rendered the cure

tedious, but ſtill no Gonorrhœa took place. At laſt, after he had taken a conſiderable quantity of mercury, and when the chancres were looking clean, and in a healing ſtate, he was ſeized with all the ſymptoms of a ſevere clap; with heat in making water, chordee, and a plentiful diſcharge of thin green matter. This, however, bore all the appearance of a recent infection. I at once ſaid ſo to my patient, and he candidly acknowledged that he had imprudently expoſed himſelf, by having connection with a girl of the town, three or four days previous to the acceſſion of theſe ſymptoms.

We may alſo remark, that the diſcharge from Gonorrhœa frequently becomes ſo acrid as to excoriate the glans and preputium, and even to excite a very plentiful formation of matter; but every one knows that this is materially different from chancre. It is altogether different in appearance, and ſo materially different in its effects, that no practitioner of experience will truſt the cure of chancres to any thing

thing but mercury, while, in the other, mercury, I imagine, is very ſeldom employed. However extenſive the excoriations may be, they are eaſily removed by local remedies; and I have never known an inſtance of pox ſucceeding to this kind of treatment. Nay, I have met with various inſtances of theſe excoriations, in which mercury had been freely given, without any advantage, and in which a cure was afterwards accompliſhed by the uſe of an aſtringent waſh.

About eighteen months ago, a gentleman came to town, with an extenſive excoriation over all the glans and preputium, attended with a large diſcharge of thin offenſive matter. The quantity of matter indeed was ſo conſiderable, that at firſt ſight it ſeemed to be the diſcharge of a recent inveterate Gonorrhœa; but, on farther examination, it appeared to proceed entirely from the glans and prepuce, the clap by which it was produced being entirely gone.

He had taken mercury for the ſpace of ſix weeks; and the parts had been regularly bathed in milk and water, but with no advantage. The diſcharge continued as plentiful as ever, and the preputium was beginning to acquire ſome degree of thickneſs, and to be difficult to retract. In the ſpace of a week he was completely cured, merely by bathing the parts from time to time with brandy and water, and applying, during the night, a poultice ſtrongly impregnated with ſaccharum ſaturni.

This, as well as a variety of ſimilar caſes, which, were it neceſſary, I might enumerate, clearly evince, not only that the matter of Gonorrhœa, when confined to the urethra, does not terminate in pox, but that it proves equally inoffenſive to the conſtitution, even where it is ſo ſharp and acrid as to excoriate the glans and contiguous parts, from which a very marked difference, I may obſerve, is obvious between the matter of the two diſeaſes. In pox, even the ſlighteſt ſore rarely fails to throw

throw matter into the ſyſtem, while the moſt extenſive excoriations proceeding from Gonorrhœa are ſo ſeldom found to injure the conſtitution, that I have never met with an inſtance of their doing ſo.

By thoſe who are ſtill induced to ſupport the oppoſite doctrine, it is ſaid, that the matter of Gonorrhœa would more frequently terminate in pox, were it not for the mucus of the urethra with which it is blended, and by which they ſuppoſe it to be rendered not only milder in its nature, but not ſo apt to be taken up by the abſorbents. This, however, is merely ideal; and no proof can be advanced in ſupport of it. Beſides, the force of the argument is entirely done away, when we ſee, as I have obſerved above, that even where the matter of Gonorrhœa is more acrimonious than we commonly find it to be even in Chancre, ſo as in ſome inſtances to produce very extenſive excoriations, ſtill no injury to the conſtitution enſues from it.

Nay, we ſee, even in ſuch diſeaſes as are found to proceed from what is termed

a tranſlation of the matter of Gonorrhœa to other parts of the body, and which we ſuppoſe to happen through the medium of the circulation, that ſtill no affection of the conſtitution proceeds from them. This is particularly the caſe in thoſe inſtances of ophthalmia which ſometimes proceed from Gonorrhœa, and in which a conſiderable diſcharge takes place, of a puriform matter from the eye-lids, very ſimilar to the matter of a recent clap. I have alſo met with inſtances of patients labouring under Gonorrhœa being ſeized with a ſimilar diſcharge from the membrane of the noſe; but in none of theſe have I ever known Lues Venerea enſue. Many examples might be adduced of each of theſe; but the three following will be ſufficient.

In the year 1786, a young man applied to me, with a very troubleſome painful diſeaſe in both eyes. The eye-balls were not much inflamed outwardly; but as he experienced an intenſe degree of pain from the admiſſion of light, I was led to believe that the retina, or other deep-ſeated parts

of

of the eye, were in a ſtate of inflammation; and the membrane of the eye-lids was not only inflamed, but a conſtant and copious diſcharge took place from them, of a greeniſh yellow matter, bearing much the appearance of the matter of a recent clap.

The account which I received from him was this: That he had for eight or ten days laboured under Gonorrhœa, the ſymptoms of which, however, were not more ſevere than uſual; when, after being heated with drinking port wine, the diſcharge from the urethra, which had previouſly been copious, diſappeared almoſt entirely. His eyes, almoſt immediately thereafter, became painful; and, in leſs than twenty-four hours, the diſcharge of matter took place from the eye-lids.

The diſeaſe was at firſt treated with bliſters, ſlight evacuations of blood, and the uſual applications of ointments and collyria. Theſe not proving ſucceſsful, a courſe of mercury was preſcribed: but, although different attempts were made with

with it, miſchief always enſued from it. It did not leſſen the diſcharge, while it obviouſly increaſed the inflammation, and rendered the eyes more irritable. I therefore adviſed this remedy to be laid aſide. A quantity of blood was taken from the temporal artery of one ſide; ſuch veſſels as were turged upon the eye-balls were divided; ſcarifications were made in the inflamed parts of the eye-lids; poultices were applied over the eyes, in which opium and ſaccharum ſaturni were diſſolved; and gentle laxatives were given. By theſe means the pain ſoon abated; the inflammation and diſcharge of matter leſſened; and, in the courſe of a fortnight, no ſymptom of the diſeaſe remained, but a degree of irritability on expoſure to much light, with which both eyes continued to be diſtreſſed for five or ſix months thereafter.

In the courſe of the following year, on being attacked with Gonorrhæa, but of a more violent nature than the former, he was again ſeized, after expoſure to much cold,

cold, and riding on horſeback, with a ſimilar affection of his eyes. In this inſtance, too, bloodletting, and the other remedies formerly preſcribed, again proved ſucceſsful; and he has not ſince that period had any return of the diſeaſe.

About two years ago, I was taken to a patient, who, during confinement from a ſwelled teſtis induced by Gonorrhœa, was ſuddenly ſeized with a profuſe diſcharge of matter from one of his noſtrils, very ſimilar to the running of a clap. The lining membrane of the noſe was tender, and ſomewhat inflamed, but not painful; and I was informed that the diſcharge from the urethra leſſened before the teſtis became inflamed, and, on this taking place from the noſe, that it diſappeared entirely. This ſuggeſted the propriety of attempting to excite a return of the diſcharge by the urethra; but no advantage being derived from it, I adviſed the diſeaſe in the noſe to be treated with injections ſimilar to what we uſe in caſes of clap. An aſtringent ſolution was thrown up, occaſionally with a ſyringe, and at

other

other times by inſerting a bit of ſponge immerſed in it up the noſtril; and in the courſe of a few days the running ceaſed entirely.

Since that period, the ſame patient has been twice affected in a ſimilar manner, and the ſame kind of treatment proved equally ſucceſsful. No mercury was given, and no ſymptom of pox has ever appeared.

In a few weeks after the recovery of this patient, I was deſired to ſee a friend of his, who for ſeveral years had been diſtreſſed with a ſimilar diſcharge from both noſtrils. The diſcharge took place during the continuance of a clap; and although it had frequently become leſs, it never diſappeared entirely. No ulceration appeared on the membrane of the noſtrils, but it was of a deep red colour, and tender over its whole extent. Various remedies had been employed; and at laſt, after the diſcharge had continued for upwards of three years, although no other ſympton appeared, he was adviſed to undergo a courſe of

mercury.

mercury. This was done in the moſt attentive manner; but no advantage enſued from it.

In this ſituation, I expected that the ſame plan of treatment which proved ſucceſsful in the preceding caſe, and which had alſo done ſo in others, would likewiſe anſwer here. In this, however, I was diſappointed; for, although every variety of injection was uſed that I ever employed in Gonorrhœa, yet no material advantage enſued from them. The running was ſometimes indeed leſſened, but it always returned with equal ſeverity as before; and although it has of late, even when no remedies have been employed, become conſiderably leſs, it ſtill continues in ſuch quantities as to prove highly diſtreſsful. No other ſymptom of the diſeaſe, however, has ever occurred.

As a farther proof of the difference of the contagion of Syphilis and Gonorrhœa, it may be remarked, that no ſtage of pox has ever been known to induce Gonorrhœa, which ſurely would occaſionally happen,

happen, were the two diſeaſes of the ſame nature. We may alſo remark, that, in numberleſs inſtances, people have been poxed by the matter of Syphilis being by accident applied to a cut or a ſcratch, as often happens with ſurgeons in the dreſſing of chancres and buboes; but no one ever heard of a pox being got in this manner from the matter of Gonorrhœa. It has indeed been ſaid, that chancres may be produced by inſinuating the matter of Gonorrhœa beneath the ſkin. But experiments of this kind are productive of ſuch anxiety and diſtreſs, that they never have been, nor ever probably will be, repeated ſo frequently as the nature of the ſubject would require. Nothing, therefore, can be admitted from this argument; for, in order to avoid fallacy, and to give ſupport to the opinion, theſe experiments would not only require to be conducted with accuracy, but to be numerous, and repeated on a variety of patients under every poſſible variety of circumſtances; whereas we have heard of only a ſingle experiment

or two being made by any individual; and even theſe ſeem to have been made under the management of ſuch as were ſtrongly and obviouſly biaſſed in favour of one ſide of the queſtion.

In oppoſition to theſe, too, I may mention, that, induced by ſome late publications, two young gentlemen of this place have made ſome experiments upon themſelves, with a view to aſcertain the point in diſpute; but the reſult was materially different from what is ſaid to have happened in the experiments to which I allude. By the introduction of the matter of chancres, as well as of buboes, into the urethra, ſome pain and irritation were excited, but no Gonorrhœa enſued; and, by fretting the ſkin of the prepuce and glans with a lancet, and rubbing the parts with the matter of Gonorrhœa, ſlight ſores were produced; but they did not aſſume the appearance of chancres, and they healed eaſily without the uſe of mercury. —For the reaſons, however, which I have given, we cannot place much dependence

upon theſe or any other experiments that have as yet been made upon the ſubject; we muſt truſt therefore to experience and obſervation in the ordinary courſe of practice for means to aſcertain it.

The other fact on which the doctrine that I wiſh to eſtabliſh reſts, is, that Gonorrhœa and Syphilis have appeared at different times in the ſame countries, and in ſome inſtances have remained diſtinct and uncombined for a great length of time.

If the two diſeaſes were of the ſame nature, and produced by the ſame contagion, they would have appeared nearly at the ſame time in every country to which the infection was carried. This does not appear, however, from the hiſtory of the diſeaſe, to have been the caſe. From the earlier writers upon the venereal diſeaſe, it is evident, that the Lues Venerea was known in Europe at leaſt forty years before the Gonorrhœa Virulenta. Doctor Aſtruc, whoſe accuracy and minute attention to the ſubject has not been equalled

by

by any, aſſerts, that in his time Gonorrhœa had not been long known in China, although we know that the Lues Venerea had long prevailed in that country: and it would appear, notwithſtanding of all that has been ſaid to the contrary, that the Lues Venerea was imported to the iſland of Otaheite a conſiderable time before Gonorrhœa. It ſeems to have been carried to that and other iſlands in the South Seas by the very firſt European navigators who touched there, and to have remained diſtinct, without being connected with Gonorrhœa, for a very conſiderable time; for, when Captain Cook viſited theſe iſlands in his ſecond voyage, I have authority for ſaying, that Gonorrhœa had not then appeared in them.

Theſe hiſtorical facts all tend to prove, that where only one of theſe diſeaſes has been imported to a particular diſtrict, it has always remained diſtinct, without producing the other; and which we cannot ſuppoſe would have happened, if both were formed by the ſame contagion. And, in

addition to theſe, I may add another, not leſs remarkable, the truth of which may be aſcertained by all who incline to inquire concerning it, as the ſcene of it lies in our own country.

In various parts of Scotland, particularly in ſome parts of the Highlands; in Galloway, and in Dumfriesſhire; the common people have, for a great length of time, been afflicted with the Lues Venerea, under the denomination, in ſome places of Yaws, in others of Sibbens; and which, from thoſe who labour under it having no communication with thoſe infected with Gonorrhœa, has ſtill retained its original, unmixed form, without a ſingle inſtance, ſo far as I know, of Gonorrhœa having been ever produced by it *. There is evidence, in ſome of theſe

* This I conceive to have happened from the diſeaſe in theſe diſtricts prevailing almoſt entirely among poor country people, whoſe manners do not expoſe them to the hazard of being infected with Gonorrhœa. None, however, can eſcape the Sibbens who are much in company with thoſe who labour under it; and ſo much are they convinced of its being the ſame diſeaſe with Lues Venerea,

theſe diſtricts, of this diſeaſe having prevailed among them for upwards of ſeventy years: Nay, in ſome of them, it is ſaid, from tradition, to have been left there by the ſoldiers of Oliver Cromwell, and to have been given, ſince that period, by one generation to another; and, although I have had opportunities of ſeeing many hundred people labouring under it, with ulcers in the throat, nodes of the bones, fungous excreſcences about the anus, blotches over the body, with almoſt every other ſymptom of Syphilis, yet not an inſtance has occurred to me, as I have obſerved above, nor have I heard of any, where Gonorrhœa took place in it. Whether it is that the infected conceal it longer than uſually happens in towns, I ſhall not pretend to determine; but certain it is, that the ſymptoms of Sibbens are more inveterate than we commonly find them to be in the ordinary form of Lues Venerea.

nerea, that even thoſe who get it in the moſt innocent manner, are ſo much aſhamed of it, that they never ſpeak of it as long as it can poſſibly be kept ſecret.

They are certainly more infectious; ſo that the ſlighteſt communication is apt to produce the diſeaſe. The ſymptoms ſpread more rapidly, and a greater quantity of mercury is, for the moſt part, required to remove them; but ſtill Gonorrhœa never enſues from them *.

Some years ago, a diſeaſe very ſimilar to this broke out among the country people of Canada, owing, as was imagined, to communication with ſome of the ſoldiers quartered among them, who were infected with Lues Venerea. It is attended, as is the caſe with Sibbens in Scotland, with all the ſymptoms of Syphilis, in the moſt virulent form of that diſeaſe; and it is ſo very infectious as to be communicated by eating or drinking out of the ſame veſſel, or drying with the ſame cloth that has been uſed by thoſe who labour under it. It often enters the conſtitution by abſorption from the ſurface, without any previous ulceration: In which caſe it afterwards

* For a farther account of Sibbens, ſee Chapter IV. Section VII.

wards breaks out in buboes, nodes, ulcers, and other ſymptoms of a confirmed Lues; but not an inſtance, I am informed, has happened, of Gonorrhœa being produced by it.

This, as well as what has occurred in the progreſs of Sibbens, is preciſely what happened with Lues Venerea, when it firſt appeared in Europe, as well as at a late period in the South Seas; ſo that there cannot be a doubt of the ſame circumſtances taking place wherever Syphilis only is communicated. We have ſeen, in all theſe inſtances, that Gonorrhœa has never ariſen from it, which ſurely it often would have done if the two diſeaſes were of the ſame nature, and produced by the ſame contagion. They could never, in that caſe, have remained for any length of time ſo diſtinct and preciſely marked; for the one muſt neceſſarily, in almoſt every inſtance, have ſoon been productive of the other.

As a farther ſupport of this opinion, I may add, that if the two diſeaſes were of

the ſame nature, and produced by the ſame infection, the remedies proving uſeful in the one might be expected to prove likewiſe ſo in the other. Inſtead of this, we find that the remedies upon which we depend with moſt certainty in Gonorrhœa, have no influence in the cure of Syphilis; while mercury, which is the only remedy, as I have obſerved above, upon which any dependence can be placed for the cure of Syphilis, does not, in Gonorrhœa, produce any advantage. Nay, that in ſome caſes, it evidently does harm.

We alſo know, that Gonorrhœa will often terminate whether any remedy be employed or not, merely by moderate living, and keeping the parts regularly clean. The diſeaſe by this alone will, in moſt inſtances, become gradually milder, till at laſt it will diſappear entirely. No ſuch thing, however, happens in Lues Venerea. In this, as I have already remarked, even the mildeſt ſymptom becomes daily worſe, unleſs mercury be employed;

nor

nor will any practitioner of experience truſt the cure even of the ſlighteſt chancre to any other remedy.

Upon this evidence alone, of the method of cure of the two diſeaſes being ſo eſſentially different, we might, I think, conclude that they are different in their nature, and that they proceed from different contagions. Were they of the ſame nature, and proceeding from the ſame cauſe, it is not poſſible to conceive that any medicine would act as a certain cure for the one and do harm in the other; and yet every practitioner will admit that mercury is the only remedy hitherto known, upon which we can depend for the cure of Lues Venerea, while it evidently often does harm, as I have already obſerved, in Gonorrhœa.

If the ſubject now under diſcuſſion was merely ſpeculative, I ſhould not have entered ſo minutely into it; for in that caſe it would have been a matter of indifference, both to practitioners and patients, whether

whether the two diſeaſes were of the ſame nature or not; but, as the treatment of Gonorrhœa ſhould have much dependence upon this circumſtance, I judged it proper, before proceeding to treat of it, to make this attempt to have the point in queſtion aſcertained.

CHAP.

CHAPTER II.

Of Gonorrhœa Virulenta.

SECTION I.

General Obſervations on the Symptoms, Cauſes, and Seat of Gonorrhœa Virulenta.

EVERY diſcharge of matter from the urethra, excited by impure coition, is termed Gonorrhœa Virulenta. As the term implies a diſcharge of ſemen, and as this diſeaſe is not neceſſarily attended with any ſeminal evacuation, it is here obviouſly miſapplied; but I think it better to retain even a faulty denomination, when

when very univerſally received, than to incur the hazard ariſing from the confuſion which might enſue from the propoſal of amendments.

The period at which the diſcharge takes place, after expoſure to infection, is always uncertain. I have known it happen in a few hours; often in the courſe of a day or two, although in ſome inſtances not till ſeveral weeks have elapſed. From the third or fourth day, to the ſeventh and eight, is the moſt frequent period.

This does not appear, however, to have any effect on the nature or violence of the ſymptoms. Some indeed have imagined, that the diſeaſe muſt be mild or ſevere according as it appears early or late after the matter of infection has been applied; but this does not accord with my obſervation. I have often known the ſymptoms mild when they appeared early after expoſure to infection, and ſevere when much time had elapſed. In a very obſtinate caſe of Gonorrhœa, the running did not appear till nearly the ninth week from

the time of infection. A gentleman ſailed from Jamaica two days after having connection with a woman of ſuſpicious character. No ſymptoms appearing till ſeveral weeks had elapſed, he concluded that he had eſcaped; when, two days before coming into port, being the fifty-eight of his voyage, a very copious running appeared.

In ſome few caſes, the diſcharge takes place without the patient having any warning of its approach; but, for the moſt part, it is preceded by ſymptoms indicating ſome degree of inflammation in the urethra: A ſenſe of fulneſs and tightneſs is felt over all the under part of the penis; the patient has a more frequent deſire than uſual to void urine, accompanied with a peculiar kind of itching heat along the urethra, at the ſame time that the extremity of that canal is obſerved to be of a more deep red colour than ordinary, and more than uſually tender to the touch. In ſome caſes, too, the urethra ſeems to be contracted, or leſſened in its diameter; the

the urine coming off in a ſtream much ſmaller than natural, while at other times it is forked, as if the paſſage was divided in two.

On the firſt appearance of the diſcharge, it is ſometimes white, and nearly of the conſiſtence of purulent matter; but, for the moſt part, it is thin, and of a yellow green colour. In ſome caſes it is brown, reſembling the diſcharge of old ſcorbutic ſores, and in others it conſiſts almoſt entirely of blood, owing to the eroſion or rupture of one or more blood-veſſels in the urethra. In a great proportion of caſes, the diſcharge of matter, and ſcalding heat in making water, are the only ſymptoms which take place; but in others, theſe are accompanied with chordee, or painful involuntary erections; with much uneaſineſs in the teſtes, which frequently become ſo tender and irritable that the ſlighteſt touch excites pain. Severe degrees of pain often ſtretch from the penis to the groins and thighs; and in ſome caſes

caſes over all the abdominal viſcera, particularly over the under part of the belly.

In ſome caſes the chordee, and in others thoſe ſympathetic pains ſtretching to the groins, and contiguous parts, are the moſt diſtreſsful ſymptoms of the diſeaſe. I have known the latter ſo ſevere as to render the patient unable to make any bodily exertion; while the chordee, which is uſually worſt in bed, is apt to deprive him entirely of ſleep.

Beſides theſe pains in the parts contiguous to the penis, and which we ſuppoſe to be chiefly the effect of nervous irritability, the glands in the groin in ſome inſtances ſwell, and become hard; but, unleſs the running be accompanied with chancres, theſe ſwellings very commonly ſubſide, and do not proceed to ſuppurate; an important fact, which may be conſidered as an additional proof to what was mentioned in the laſt chapter, of the difference between Gonorrhœa and Lues Venerea.

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In the courſe of the diſeaſe the glans penis ſometimes becomes red and inflamed, and a yellow fœtid matter oozes from its whole ſurface. In ſome this is accompanied with evident ulceration: in others the ſkin remains entire, and the matter is obſerved, upon preſſure, to proceed from an infinite number of ſmall points. In both they are ſuppoſed, by many, to proceed from the matter paſſing out of the urethra, and allowed, by the negligence of the patient, to reſt too long upon the tender cuticle of the glans; but, in ſome inſtances, this inflammatory affection of the glans, and diſcharge with which it is accompanied, takes place of itſelf, and without any diſcharge from the urethra. In which caſe, from the reſemblance which the matter bears to that of Gonorrhœa, it has uſually been termed Gonorrhœa Spuria. This inflammation occaſionally ſpreads to the prepuce, in which it very commonly excites ſome degree of contraction. When the prepuce becomes ſo much ſtraitened that it cannot

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be drawn back, a diſeaſe is formed, which we term Phymoſis; and, when it contracts behind the glans, a diſeaſe termed Paraphymoſis takes place.

Although in Gonorrhœa ſome degree of uneaſineſs is uſually felt along the whole courſe of the urethra, yet we know, that in moſt inſtances, the ſeat of the diſeaſe lies within an inch, or little more, of the point of the penis. In a few caſes, however, whether from maltreatment of the diſeaſe, from the infection being more than uſually virulent, or from peculiarity of conſtitution of the patient, the diſeaſe ſpreads backward till it extends over the whole length of the urethra, even to the bladder itſelf. The proſtate gland and internal coat of the bladder become affected, and ſympathetic pains ſtretch from theſe parts along the ureters to the kidneys.

When the bladder becomes in this manner diſeaſed, the ſtate of the patient is, for the moſt, extremely miſerable: he feels almoſt a conſtant deſire to paſs water,

accompanied with ſevere preſſure or bearing down upon the parts affected, proceeding from involuntary ſpaſmodic contractions of the abdominal muſcles. The whole region of the loins, particularly about the kidneys, becomes ſo painful and irritable, that much diſtreſs is excited by whatever tends to bring the muſcles of theſe parts into action, and the patient often complains of a very diſtreſsful degree of teneſmus, and of a frequent ſhooting pain about the anus and neck of the bladder.

In this ſtage of the diſeaſe there is ſeldom any conſiderable diſcharge from the urethra; but, for the moſt part, a large quantity of very viſcid-fœtid-mucus is diſcovered in the urine, which, in the courſe of a few hours, ſubſides, and adheres ſo firmly to the ſides of the veſſel as not to be eaſily ſeparated.

When Gonorrhœa has either been improperly treated, or when much inflammation takes place from any other cauſe, the teſtes are apt to ſwell and inflame, and abſceſſes often form in Cowper's glands,

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as well as in other parts of the urethra. When theſe burſt outwardly, or when the urine by any means finds acceſs to the collections of matter, they not only prove the ſource of ſevere diſtreſs to the patient, but of much perplexity to the practitioner, as they frequently baffle every attempt that is made for removing them.

It will readily be conceived that all the ſymptoms which I have deſcribed are ſeldom met with in the ſame patient, and that they will take place in very different degrees in different caſes. This is particularly remarkable in the quantity of diſcharge, which, in ſome inſtances, is ſo trifling as ſcarcely to excite any inconvenience, whilſt, in others, it is ſo profuſe as to prove highly diſtreſsful. In ſome too, the heat of urine is ſo inconſiderable as not to deſerve notice; and in ſuch inſtances alſo, the deſire to paſs water is ſeldom frequent; while, in others, theſe ſymptoms are both ſo ſevere as to prove highly diſtreſsful.

In moſt inſtances of Gonorrhœa the external inflammation is confined to the extremity of the urethra; but, in ſome caſes, it runs ſo high as to ſpread over the whole glans, where it might be expected to terminate, as inflammatory affections in other parts of the body moſt frequently do, in the formation of abſceſſes. This, however, very rarely happens. I have obſerved above, that, in a few inſtances, a purulent-like matter oozes from the whole ſurface of the inflamed glans; but I have ſcarcely known an inſtance of any extenſive abſceſs in the ſubſtance of the glans. The inflammation, for the moſt part, terminates by diſperſion. In a few caſes it ends in mortification.

In women the ſymptoms of Gonorrhœa are, for the moſt part, much milder than in men. It ſometimes happens that a flow of matter is all that occurs; and, as the diſcharge is very ſimilar to the matter of fluor albus, the two diſeaſes are often miſtaken for one another.

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This abſence of pain, however, takes place only where the vagina is the ſeat of the diſeaſe. When the urethra is affected, the ſymptoms are nearly the ſame as in the other ſex. A diſtreſsful degree of irritation occurs at the extremity of the urethra, accompanied with heat of urine, and a very frequent deſire to paſs water. In ſome caſes the inflammation ſpreads to the bladder, and even to the kidneys, uterus and ovaria; or, at leaſt, theſe parts come to be ſo much affected with pain, as to give cauſe to ſuſpect that they are in a ſtate of inflammation. Pain, even in a ſevere degree, will no doubt occur from nervous ſympathy alone, and this I believe to be frequently the caſe here; but I have met with different inſtances of a conſiderable degree of inflammation being excited by Gonorrhœa in all the parts which I have mentioned: that is, they have become ſwelled, hard, and exceſſively painful, inſomuch that the ſlighteſt touch would create a great degree of diſtreſs; and blood-letting with other evacuations,

were the only remedies from which relief was obtained. In ſome caſes the matter is ſo ſharp and acrid as to excoriate the clitoris, nymphæ, and labia pudendi. This excites much uneaſineſs; more than ever takes place in men from a mere affection of the external parts; for, as theſe parts are in women preſſed upon in ſitting, the ſlighteſt degree of inflammation is, from this cauſe alone, productive of much diſtreſs. They are often obliged to remain conſtantly in bed; being unable either to walk, ſtand, or ſit.

It is impoſſible, in any caſe of Gonorrhœa, to determine at firſt, in what manner it will end; for we often find the moſt ſevere, as well as the moſt obſtinate diſcharge, ſucceed to the mildeſt ſymptoms, while in ſome caſes the diſcharge ends quickly and eaſily, where the ſymptoms at firſt were ſevere. An opinion commonly prevails, that the diſeaſe will be mild, and of ſhort duration, where the running is white or yellow; and that it will neceſſary prove ſevere and tedious, where

where it is at firſt green, or much tinged with blood. This, however, is far from being univerſal; for inſtances occur daily, of the running proving tedious, where it was at firſt of the colour and conſiſtence of purulent matter, while others often happen of its ending quickly, where the matter was at firſt either deeply tinged with blood, or of a deep green colour.

In the progreſs of Gonorrhœa, we reckon it a favourable circumſtance to obſerve the matter become thick and ropy. This cannot indeed be mentioned as an infallible proof of the diſcharge being ſoon to terminate; but it is, undoubtedly, a very deſirable appearance. When the diſcharge does not ſoon become ropy, it is apt to terminate in gleet, the moſt perplexing ſymptom in the diſeaſe, and of which we ſhall ſpeak more particularly in an enſuing chapter.

I ſhall hereafter have occaſion to obſerve, that a diſcharge, very ſimilar to the matter of Gonorrhœa virulenta, may be produced by different cauſes: At preſent

it is only neceſſary to remark, that, in this diſeaſe, the diſcharge is obviouſly the effect of irritation excited in the membrane of the urethra and contiguous parts, by matter from an infected perſon being applied to them.

Some difference of opinion has ariſen of the manner in which the matter of infection is communicated to the urethra. By ſome it is ſuppoſed to be firſt abſorbed from the ſurface of the glans, and afterwards depoſited on the membrane of the urethra; as they do not think that it can paſs directly into the urethra, during coition. No good reaſon, however, can be given for this opinion: it appears more probable that the matter at firſt finds acceſs between the lips of the urethra; that it afterwards ſpreads, in a gradual manner, along the paſſage, by mixing with the mucus with which it meets, and that the progreſs which it makes, will, in a great meaſure, depend upon the parts to which it is applied being more or leſs ſuſceptible of inflammation; upon the general

neral ſtate of health of the patient; upon his manner of living; and perhaps upon other cauſes.

I do not conceive, however, that the kind of matter by which the diſcharge is produced has ſo much influence on the violence or duration of the ſymptoms as has been imagined. It is indeed the opinion of ſome that a ſevere and obſtinate caſe of clap may always be traced to an infection of ſome peculiar degree of virulency; but this will not be found to happen with any kind of uniformity. So far as my obſervation goes, it is nearly the ſame in Gonorrhœa as in ſmall pox. The mildneſs or violence of ſymptoms does not appear to depend upon the matter by which the diſeaſe is produced ſo much as upon other circumſtances. Hence the ſame woman will, under the ſame infection, communicate the moſt virulent ſymptoms to one perſon, and the mildeſt to another.

That much depends upon the habit of body of the patient, and upon his manner of living, will ſcarcely be doubted:

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Of this the following fact will ſerve as an illuſtration. Three gentlemen, who aſſociated much together, and who were accuſtomed to live freely, returning one night from a drinking club, reſolved to viſit a girl of the town, and a friend went along with them who had that night been a viſitor in their ſociety, but who uſually lived with much ſobriety. They all had connection with the ſame girl. Each of the three aſſociates had a very ſevere clap, while the other, who alſo received the infection, had the diſeaſe in the mildeſt form. This would not, even in ſimilar circumſtances always happen, as we ſometimes find people who live with much circumſpection, liable to very ſevere degrees of Gonorrhœa; but, for the moſt part, the degree of violence of the diſeaſe has a certain dependence on the courſe of life to which the patient is accuſtomed.

The matter of Gonorrhœa being ſimilar to that of ſores in other parts of the body, and the quantity being often very conſiderable, it was, till of late, the prevailing opinion

nion, that it aroſe from ſores or ulcers in the urethra. We now know, however, that in Gonorrhœa the parts are ſeldom ulcerated, and whenever ulcers take place, that they may be traced to ſome accidental cauſe, ſuch as the rupture of a blood-veſſel, in no degree neceſſarily connected with the exiſtence of the diſeaſe. On diſſection, after death, it is found, almoſt in every inſtance, that the membrane of the urethra is entire, and that the matter is produced by inflammation alone.

It had long been known, that on diſſection, inſtances occaſionally occurred in which no degree of ulceration in the urethra was diſcovered. This, however, was conſidered as a ſingular occurrence, and that it did not happen but where the ſymptoms were uncommonly mild; for at that time it was ſuppoſed, that ulceration, or a deſtruction of parts, was requiſite for the production of matter. But we now know, that this is by no means the caſe, and that an inflamed ſurface, even where no abraſion is perceived, will pro-

duce

duce all the varieties of matter which ſores ever afford, and that different kinds of animal fluids may be converted into theſe, merely by being kept in certain degrees of heat.

By this the difficulty is removed, which otherwiſe we muſt have experienced in accounting for the large quantities of matter daily diſcharged from the urethra in Gonorrhœa; which, in ſome caſes, is ſo abundant, that nothing leſs than an affection of the whole extent of that canal could afford it. Now thoſe who imagine that the matter proceds from ulcers, have never gone ſo far as to ſay that the urethra is ever ulcerated through its whole length; nor could it probably happen, but with ſuch conſequences as very ſeldom enſue from Gonorrhœa.

The circumſtance to which I allude forms an unanſwerable objection to the idea of ulcers being frequent in Gonorrhœa, even although no opportunities had occurred of proving it by diſſection. Where the membrane of the urethra is in

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any point ruptured, either by the burſting of an abſceſs into it, or by any other cauſe, the moſt diſtreſsful conſequences univerſally enſue: By the urine paſſing into the contiguous parts, ſwellings are produced which uſually terminate in fiſtulous openings, that prove always tedious, painful, and of uncertain event. Every practitioner knows, that even the ſlighteſt communication between the urethra and contiguous parts is apt to terminate in this manner; ſo that, if the matter of Gonorrhœa aroſe from ulceration, the conſequences of almoſt every caſe, would neceſſarily prove more ſevere than we ever, in any inſtance, find them to be.

In long continued Gonorrhœa, the membrane of the urethra is apt to be ſo relaxed, that fungous productions form in different parts of it. Theſe not only impede the paſſage of the urine, but, becoming ſoft and tender, they at laſt ulcerate, and throw out very abundant quantities of matter. This, however, is not the cauſe of Gonorrhœa, but merely the effect

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of it. It often proceeds from miſmanagement, either on the part of the patient or practitioner; and ſometimes from ſome conſtitutional diſeaſe to which the patient at the time may be liable.

Inſtead of ulceration, we find, that in a great proportion of caſes, there is merely a ſlight degree of inflammation, extending from the extremity of the glans to an inch or perhaps an inch and half up the urethra. In more obſtinate caſes, Cowper's glands, with their ducts which terminate in the urethra, are found affected. In a third ſtage of the diſeaſe, the proſtate gland, and contiguous parts of the urethra, are inflamed; and in the fourth, and what may be reckoned the moſt diſtreſsful ſtage of clap, the internal coat of the bladder is found inflamed. For the moſt part, the inflammation is confined to the neck of the bladder; but I have met with inſtances of its being perceptible over the whole of it, and of its even extending along the ureters to the kidneys.

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This inflammation, however, is chiefly obvious at firſt. On a long continuance of the diſeaſe, the parts affected, inſtead of being either inflamed, or in a ſtate of ulceration, are merely of a more pale colour than natural; the membrane of the urethra is found ſoft and relaxed; and coloured mucus or matter may be preſſed out from an infinite number of ſmall points over every part of it that has been diſeaſed.

This is preciſely what happens with every membrane that has remained long under a ſlight degree of inflammation, particularly with the membrane of the noſe and trachea. Theſe parts often afford very conſiderable quantities of matter, for a great length of time, or of mucus that much reſembles matter; and yet, upon diſſection, they are ſeldom or never found in a ſtate of ulceration, the trachea being for the moſt part only ſlightly inflamed. I may here indeed remark, that the reſemblance between Gonorrhœa and Catarrh, is, in certain ſtages of the two diſeaſes,

diſeaſes, very remarkable. They ſeem both to originate from inflammation excited upon a membraue. The matter of the one is in many inſtances very ſimilar to that of the other. They ſeem both to be entirely local; and the parts on which they are ſeated are, after death, found to be affected in a ſimilar manner.

But although, in the latter ſtages of Gonorrhœa, in which opportunities for examining the ſtate of the parts after death chiefly occur, the inflammation is found to be for the moſt part inconſiderable, yet, in the commencement of the diſeaſe, the parts are often highly inflamed, particularly when thoſe about the neck of the bladder are affected. This is obvious from the ſymptoms; more eſpecially from the violent pain which always takes place, as well as from the antiphlogiſtic remedies employed for the cure of the diſeaſe.

SECTION II.

Of the Prognoſis in Gonorrhœa Virulenta.

IN every diſeaſe, it is of importance for practitioners to be able to ſay at what time and in what manner it will end. In none is this kind of information more anxiouſly deſired than in Gonorrhœa. The hopes and fears of patients lead them equally to wiſh for it; but, from various cauſes, and more particularly from want of attention to the exact ſite of the diſeaſe, the duration of Gonorrhœa has always been a matter of much uncertainty.

I have obſerved above, that four different ſet of parts are found on diſſection to be the ſeat of Gonorrhœa. When the diſcharge proceeds from the parts near to the extremity of the penis, as happens in a great proportion of caſes, there is for the moſt part, much cauſe to hope that a

cure will ſoon be obtained. In ſuch inſtances, when the patient is otherwiſe in good health, and does not interrupt the progreſs of the cure by improper conduct, the diſeaſe will not commonly endure a fortnight. Nay, in ſuch circumſtances a cure is often obtained in two or three days: but, whenever the upper part of the urethra is affected, particularly when the proſtate gland and other parts about the neck of the bladder are diſeaſed, the running, in almoſt every inſtance, proves obſtinate. Even our moſt powerful remedies in other caſes of clap are here doubtful in their effects. Hence no certain opinion can be formed of the event of the diſeaſe.

When theſe deep-ſeated parts are affected, Gonorrhœa proves always tedious whatever the habit of body may be; particularly if the conſtitution is affected with ſcrophula: In ſcrophulous patients, indeed, even the moſt ſimple caſe of clap is apt to become obſtinate; of which I have met with ſuch a number of inſtances,

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that wherever the two are combined, I always give a guarded prognosis of the time necessary for a cure. The disease is no doubt in some instances easily cured, even in patients of this description; but, for the most part, the discharge goes on for a great length of time, and resists, for a longer period than usual, the effect of every remedy we employ to remove it.

This uncertainty that we frequently meet with in the treatment of Gonorrhœa, and the great length of time to which the discharge, in some instances goes on, together with the many untoward and unexpected occurrences which often happen during the cure, tend altogether to render this branch of practice the most distressful of any in the province of medicine. In a great proportion of cases a cure with proper treatment is easily and speedily obtained; but every candid practitioner will admit, that cases often occur, in which the discharge continues obstinate for a great length of time, even under the use of the most powerful remedies with which

we are acquainted. But, by distinguishing between one stage of the disease and another, and thus giving an opinion to patients of the probable event of it, practitioners would avoid a good deal of embarassment which they often experience from giving so indiscriminately as they commonly do, a favourable prognosis at the commencement of every case that occurs to them.

In forming a prognosis, it ought always to be kept in view, that however mild the symptoms may be at first, they may very quickly and unexpectedly become severe, by the disease proceeding from one part of the urethra to another, or even by the inflammation in the part which was at first affected becoming more severe. This arises from various causes, and often from circumstances which it is not in the power of practitioners to prevent. It sometimes occurs, indeed, from the use of improper remedies; particularly from acrid injections being used with too much freedom; but it happens much more frequently

quently from other cauſes, particularly from the tendency which inflammation in one part of a membrane has to ſpread itſelf over the whole of it: as well as to the miſconduct of patients, who, inſtead of living as they ought to do, very commonly go on, during the cure, in the ſame courſe of riot and debauchery by which they were at firſt expoſed to infection. Some patients, even under ſuch circumſtances, will no doubt get well; but there is not a more undoubted fact than this, that the cure of the diſeaſe is for the moſt part both difficult and uncertain, where the patient lives in a riotous and intemperate manner.

SECTION III.

General Obſervations on the Cure of Gonorrhœa Virulenta.

GONORRHOEA, as I have obſerved above, was never, till of late, conſidered as a local diſeaſe. It was ſuppoſed at all times to affect the conſtitution, ſo that a cure was never attempted but by remedies which operate upon the ſyſtem at large.

For a conſiderable time mercury was chiefly relied upon. It was employed on the ſuppoſition of Gonorrhœa being a ſymptom of Lues Venerea; but experience having ſhewn that no advantage was derived from mercury by itſelf, other remedies were employed along with it. Theſe conſiſted chiefly of demulcents, evacuants, and aſtringents.

By a plentiful uſe of mucilagenous drinks, and other demulcents, it was meant

to ſheath the bladder and urethra more effectually from the acrimony of the urine, and at the ſame time to render the urine itſelf leſs acrid. Purgatives were employed for the purpoſe of carrying off the morbid matter of the diſeaſe, and nitre and other remedies were given with a ſimilar intention; and laſtly, as the running was ſeldom leſſened by the uſe of any of theſe, but, on the contrary, being frequently increaſed during the uſe of them, bark, aſtringent ballams, and other corroberants, were preſcribed for putting a ſtop to it. In ſome caſes mercury was continued during the whole courſe; in others it was left off at the time of entering upon the uſe of aſtringents.

As this treatment of Gonorrhœa prevailed, even at a late period, when every other part of the practice of medicine was greatly improved, we are aſtoniſhed to meet with ſuch deficiency as it evinces, in the management of a diſeaſe which neceſſarily fell frequently under obſervation. If patients had been left to themſelves,

without any interference on the part of practitioners, the diſeaſe would often in the courſe of time have diſappeared of itſelf, and without any injury being done to the conſtitution; for a ſimple clap we know will often dry up whether any remedies are employed or not: but, by a free uſe of ſtrong purgatives, and eſpecially when this was conjoined with a low diet and a courſe of mercury, the conſtitution was ſo much debilitated that this alone rendered almoſt every caſe that occurred exceedingly obſtinate: hence Gonorrhœa was conſidered as the moſt diſtreſsful, as well as one of the moſt dangerous diſeaſes to which the human body was liable. Lues Venerea was, for the moſt part, eaſily cured by mercury; but no advantage was derived from it in Gonorrhœa: the diſeaſe uſually proved exceedingly obſtinate, and was apt to terminate either in gleet or in obſtructions of the urethra.

It ſoon appeared to practitioners of obſervation, that the medicines employed for Gonorrhœa, inſtead of proving uſeful, rather

ther did harm; but the period was not yet arrived in which a more effectual remedy was to be propoſed. Some, however, went ſo far as to ſay that medicines of every kind might be avoided, as they had found, from experience, that the diſeaſe went off both more eaſily and more quickly when left to itſelf, than it commonly did with the remedies which at that time were univerſally uſed for it. A low diet, mercury, and evacuants of different kinds, did much harm, as I have already obſerved, by inducing ſuch a degree of debility and relaxation as materially affected the conſtitution; and the draſtic purgatives, of which large dozes were given daily, proved highly prejudicial, by the irritation which they excited in all the parts contiguous to the rectum: In ſome ſtages of Gonorrhœa ſtrong purgatives never fail to increaſe the pain; to excite a more frequent deſire to paſs water; and to increaſe the diſcharge: nay, I have known various inſtances of a return of all the ſymptoms of Gonorrhœa being induced

induced by the operation of a briſk purgative long after the patient conſidered his cure as complete.

We need not therefore be ſurpriſed at the propoſal for laying all remedies of ſuch violent operation entirely aſide; and it muſt be admitted that a cure would often take place, that is, the running would diſappear, together with all the ſymptoms which attend it, without the aid of medicine. This would frequently happen in mild caſes of the diſeaſe; where the patient was poſſeſſed of a healthy conſtitution; and the running not kept up by any act of impropriety on his part. The running would diſappear here, as happens in corryza and other inſtances of matter proceeding from an inflamed ſurface, whether any remedies ſhould be employed or not: but it would ſeldom be the caſe where the ſymptoms were ſevere, nor where the patient did not live in every reſpect as he ought to do. In all ſuch caſes the cure would prove tedious and uncertain, and

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the conſtitution would frequently be ruined in the attempt.

When this mode of cure was propoſed, an opinion prevailed that the diſcharge was kept up by ſome general affection of the conſtitution, and that nothing therefore could be ſo ſafe or ſo proper as to allow it to continue as long as any part of the morbific matter remained, by which it was ſuppoſed to be produced. At that time it was admitted by all, that Gonorrhœa was of the ſame nature with Lues Venerea. Chancres, as well as other venereal ſores, were kept open till a cure was obtained by the internal uſe of mercury. An erroneous idea prevailed of ſome advantage being derived from the diſcharge which they produced; and hence, even by thoſe who ſaw clearly that no benefit was obtained from mercury in Gonorrhœa, it was ſtill conſidered as the beſt practice, to allow the diſeaſe, as they ſaid, to diſcharge itſelf in this manner.

Even granting that the matter of Gonorrhœa were the ſame with that of Lues

Venerea,

Venerea, there is no cauſe to imagine that any advantage would enſue from this practice; for we know that venereal ſores are never cured by the quantity of diſcharge which they afford: but we now have no reaſon to doubt of the two diſeaſes being perfectly different. A practice, therefore, which at one period might have been judged proper in one diſeaſe, would now be inapplicable in the other; and hence it has very generally, been laid aſide, although not yet given up by ſome individuals.

From the obſervations which I had occaſion to make in the laſt chapter, as well as from other circumſtances, few will now doubt, that the matter of Gonorrhœa, proceeding in moſt inſtances from an inflamed ſtate of the membrane of the urethra and contiguous parts, gives a local affection only, without being productive of any general diſeaſe of the conſtitution. From this view of the ſubject, we have no reaſon to expect advantage from remedies applied to the ſyſtem at large, while it is obvious

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that local remedies only can prove uſeful. In the treatment of a ſimple ſore, of a cut, a burn, or excoriations from any cauſe whatever, we would not ſurely expect to ſucceed by mercury, purgatives, or other medicines directed to the conſtitution. In all ſuch circumſtances we truſt entirely to local remedies, unleſs the preſence of fever, or ſome other general affection, render a different treatment neceſſary. For the ſame reaſon we ought, in Gonorrhœa, to depend entirely upon ſuch remedies as act chiefly upon the parts affected; no others being neceſſary if it be not occaſional blood-letting, and other evacuations, when fever, plethora, or much inflammation take place.

In local affections of other parts our remedies are eaſily and directly applied: in the urethra ſome nicety and attention is neceſſary, not only in the mode of applying them to the diſeaſed parts, but in judging of the period of the diſeaſe, or rather of the ſtate of the parts to which they are to be applied: in other ſituations

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theſe circumſtances fall directly under view, and we judge from appearances of the propriety of applying one remedy or another. In the urethra we are directed entirely by the ſymptoms, and we judge from theſe, of the remedies to be employed, as well as of the parts to which they are to be applied being in a fit ſtate for receiving them or not.

If the ſame parts were always affected in Gonorrhœa, we might, in every inſtance, proceed without heſitation in the conduct of the cure; but, although the matter in the commencement of the diſeaſe proceeds perhaps always from ſome degree of inflammation, yet, in ſome inſtances, parts are affected with inflammation, to which it would be improper, and even hazardous, to apply the ſame remedies which, in a great proportion of caſes, are uſed with much ſafety and advantage.

We ſhall afterwards have occaſion to ſhew that, in certain circumſtances of Gonorrhœa, bougies may be uſed with much benefit; but, for the moſt part, we de-

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pend entirely upon injections, and chiefly upon ſuch as are of a drying aſtringent nature. Now it is obvious, that although we may with ſafety apply an aſtringent ſolution to an inflamed ſurface, as happens daily, where the membrane of the urethra only is affected, yet that much riſk might enſue from the ſame ſolution being applied to the ducts of inflamed glands: in the one caſe the diſcharge produced by the inflammation will be leſſened and ſoon removed, and the inflammation itſelf will ſubſide; while, in the other, by a ſudden ſtop being put to the diſcharge of a gland already in a ſtate of increaſed irritability, more inflammation would be excited, the parts affected would ſwell and become painful, and at laſt the diſcharge would burſt forth with redoubled violence.

That this frequently happens in the courſe of buſineſs every practitioner of candour will admit: nay, almoſt every patient who has been liable to ſevere degrees of Gonorrhœa, muſt have have met with it: For a day or two the running

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will often diſappear, and the patient conſiders the cure as complete, when, after ſome degree of tenſion and uneaſineſs along the greateſt part of the penis, particularly in the perineum, the diſcharge recurs as before, with every appearance of a recent infection.

Many who condemn the uſe of injections in Gonorrhœa, do it upon the ſuppoſition of this being one of the inconveniences which they produce; but we ſhall preſently have occaſion to ſee that this is by no means the caſe, and that it proceeds entirely from a miſapplication of the remedy; from uſing it in a ſtate of the diſeaſe for which it is improper; and not from the remedy itſelf being of a hazardous nature.

This leads us to revert to the neceſſity of diſtinguiſhing between one ſtate of Gonorrhœa and another. In the deſcription of the ſymptoms, I remarked that they are evidently diſtinguiſhable into four ſets, indicating four ſtates or ſtages of the diſeaſe; and as it is a point of

of much importance in practice to have the different ſtages clearly marked, I ſhall now proceed to treat of them in ſeparate ſections.

SECTION IV.

Of the Firſt Stage of Gonorrhœa.

IN the firſt ſtage of Gonorrhœa the ſymptoms are always moderate. The extremity of the urethra appears red, full, and ſomewhat prominent. The glans becomes tender and irritable, and ardor urinæ take place in a leſſer or greater degree, according to the extent of the inflammation. The heat of urine is ſeldom conſiderable; but, in ſome inſtances, even in this ſtage of the diſeaſe, it is ſo ſevere as to excite a good deal of uneaſineſs. Chordee ſometimes occurs, but ſeldom in any conſiderable degree.

In the hiſtory of the diſeaſe we have ſeen, that the membrane of the urethra alone is affected in this ſtage of it, the inflammation by which the diſcharge is produced not extending to any other part.

We judge this to be the caſe when thoſe ſymptoms only appear which have juſt been enumerated; when no glandular ſwellings are diſcovered along the courſe of the urethra, and particularly when the diſcharge proceeds from within an inch, or an inch and a half of the extremity of that canal.

This circumſtance of the diſcharge ariſing from the extremity of the urethra, is at all times a proof of the inflammation not having advanced farther than to conſtitute what I have denominated the firſt ſtage of the diſeaſe. No glandular ſwellings are ever diſcovered while the running proceeds from theſe parts; and, on diſſection after death, the membrane of the urethra alone is found inflamed: but, in ſome inſtances, the diſcharge proceeds even from the ſuperior parts of the urethra,

urethra, while none of the contiguous glands are affected. This I conſider as conſtituting the firſt ſtage of the diſeaſe, equally as when the extremity of the urethra is alone affected. The ſymptoms are not more violent in the one than in the other, and the method of cure is the ſame in both. I muſt however admit, that we do not frequently meet with this; for, where the upper part of the urethra is affected, the inflammation is apt to ſpread to the contiguous glands, where it commonly terminates in the ſecond, third, or perhaps in the fourth ſtage of the diſeaſe.

We aſcertain the place in the urethra from whence matter is diſcharged, not merely from the height to which the pain or uneaſineſs with which it is accompanied may extend, for this proves often an equivocal mark of diſtinction; but from compreſſing the paſſage at any given ſpot, and preſſing out all the matter between it and the end of the urethra; after which, if more matter can be brought down on the preſſure being removed, we are ſure

that it muſt come from a greater height, and by proceeding in a gradual manner upwards, we may thus diſcover almoſt the exact ſpot from whence the diſcharge has ariſen: Hereafter it will appear that our being able to do ſo is of importance in the conduct of the cure.

From what has been ſaid it will appear, that the diſcharge in this ſtage of the diſeaſe proceeds altogether from inflammation of the membrane of the urethra, without any affection of the glands which open into it; and in the removal of this the cure of the diſeaſe in a great meaſure conſiſts.

Where the inflammation is conſiderable, as we judge it to be when the ardor urinæ is ſevere, it may be proper, if the patient is of a full habit of body, to preſcribe blood-letting, a doſe or two of any gentle laxative, and a low cooling diet. At the ſame time violent exerciſe of every kind ſhould be avoided, particularly riding on horſeback.

Inflammation, however, in this ſtage of the diſeaſe, is ſeldom ſo conſiderable as to render

render blood-letting neceſſary: in ordinary caſes we now truſt entirely to injections, and in all periods of the diſcharge I uſe them with equal freedom. Even where blood-letting, and a ſtrict attention to an antiphilogiſtic regimen is neceſſary, I ſeldom avoid an immediate and early uſe of injections.

Thoſe who are not in the daily practice of uſing them, are afraid of this free uſe of injections: ſome, indeed, never employ them, from the prejudice which ſtill remains againſt them among all the older practitioners; while others admit that they may be uſed with ſafety and advantage in the latter period of the diſeaſe, but never in the beginning, or while much inflammation continues.

This, however, is a timidity that will ſoon vaniſh with all who venture upon a more general uſe of them. They will find, that injections of a ſufficient degree of aſtringency for removing the diſcharge, may in this ſtate cf Gonorrhœa be employed with ſafety, even in the com-

mencement of the diſeaſe, and whether the inflammation is mild or ſevere.

An idea is ſtill, indeed, entertained by many, that the diſcharge ſhould not be ſtopped till ſome of the virulency by which it was produced is carried off; and hence they object, as I have juſt obſerved, to the early uſe of injections. But, as we have ſeen that Gonorrhœa is a local affection, and as we know that in other parts of the body local inflammation may at all times be removed with ſafety, nay, that it is the beſt practice to attempt it, we might from this alone infer, that it would be equally proper here. But independent of this, I can with confidence aſſert, and all who employ injections freely will do ſo, that they may in this ſtage of Gonorrhœa be uſed at all times, and with more certainty of proving ſucceſsful the more early they are applied. Of this I am ſo clearly convinced, that I would adviſe all who have it in their power, to employ injections inſtantly on the diſcharge taking place. They commonly, indeed, prove uſeful at whatever

whatever period they are applied; but I have uniformly found that they act more quickly in the commencement of the diſeaſe than in the later ſtages of it.

While different opinions prevail of the moſt proper period of the diſeaſe for uſing injections, practitioners alſo entertain different ideas of the kind of injections beſt calculated for the periods in which they are employed. In the commencement of Gonorrhœa, and at all times when much pain takes place, it is the opinion of many that emollient injections only ſhould be uſed, ſuch as warm oil, emulſions of almonds, and infuſions of althea, and lintſeed: but in this there appears to be ſome miſtake; I can decidedly ſay from having often experienced the inefficacy of the practice.

When I firſt entered upon buſineſs, it was the opinion of many who uſed injections with freedom, that thoſe of the emollient kind ought alone to be adviſed, while much heat of urine, or any conſiderable degree of inflammation continued.

Injections of this deſcription, they ſuppoſed, would ſheath and protect the urethra from the acrimony of the urine, and on the inflammation ſubſiding, they conceived that theſe of an aſtringent nature might be uſed with ſafety. The opinion was plauſible, and ſupported by ſome of our beſt practitioners: I was therefore induced, along with others, to go into it, but it ſoon appeared that no advantage was to be derived from it: on the contrary, it was evidently the cauſe of much diſtreſs, by rendering the cure of Gonorrhœa much more tedious than it otherwiſe might have been; for injections of the emollient kind never tend to ſhorten the continuance of the diſcharge, and often render it more fixed and permanent, by relaxing the parts from whence it proceeds.

Neither are emollient injections neceſſary as preparatives to thoſe of the aſtringent kind: in this conviction I have for many years paſt laid them altogether aſide, during which period I have uſed none

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but ſuch as are evidently aſtringent; and although I employ them with much freedom, no bad effects have ever enſued from them.

In the firſt ſtage of Gonorrhœa, aſtringent injections may be uſed with ſafety from the very commencement of the diſcharge, as well as at any period of the diſeaſe, whatever the degree of inflammation may be. Inſtead of increaſing the inflammation, they tend, when of a proper ſtrength, to leſſen it; they relieve more immediately than any other remedy, the ardor urinæ; and they commonly leſſen or remove the diſcharge in a ſhort ſpace of time.

Wherever it appears, therefore, that the diſcharge proceeds entirely from the membrane of the urethra, I pay no regard to the length of its duration; the patient is immediately put upon the uſe of injections, and no harm ever enſues from it.

There is only one ſymptom which, in this ſtage of Gonorrhœa, precludes the immediate uſe of injections, pain and ſwelling

ling of one or of both teſtes: a perſeverance in the uſe of injections during the continuance of this ſymptom very commonly does harm, and ought not therefore to be adviſed; not that they tend to increaſe the inflammation, even of the teſtis; but by removing the diſcharge from the urethra, they deprive us, as we ſhall afterwards ſee, of one of the moſt effectual remedies for a ſwelled teſticle proceeding from Gonorrhœa.

A variety of aſtringent injections are employed by practitioners, but ſome proving more uſeful than others, an inveſtigation of this part of our ſubject appears to be neceſſary.

Almoſt every liquid poſſeſſed of aſtringency, will leſſen the diſcharge. Port wine, and claret, duly diluted, ſometimes anſwer. I have often ſucceeded with a tea-ſpoonful of brandy added to half an ounce of roſe water: nay, roſe water itſelf, or even cold water directly from the ſpring, will often give a ſtop to the diſcharge; but, for the moſt part, the effect

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of theſe is merely temporary. In ſlight affections, indeed, they ſometimes complete the cure, but in general we are under the neceſſity of employing more powerful aſtringents.

In almoſt every injection firſt employed in Gonorrhœa, mercury, in one form or another, was an ingredient. It was not, however, uſed as an aſtringent; for at that period the uſe of every kind of aſtringent would have been judged to be hazardous. Mercury being applied in this manner directly to the ſeat of the diſeaſe, many ſuppoſed that it might act as a ſpecific in the cure of it. But although I have given full and complete trials to mercurial injections, and in every variety of form, I have not in any inſtance, found them prove more effectual than other aſtringents. In order to aſcertain with as much certainty as poſſible the point to which I allude, I have repeatedly made it the ſubject of experiment. Of different patients in Gonorrhœa, all nearly diſtreſſed with ſimilar ſymptoms, ſome have been made to em-

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ploy a mixture of calomel with mucilage and water; others have uſed quickſilver diſſolved in mucilage, while ſome have at the ſame time been uſing injections in which mercury did not enter as an ingredient.

I admit that in moſt of theſe inſtances mercury proved uſeful, but by no means in ſuch a degree as many of the articles with which it was thus put upon a comparative trial. There is no cauſe, therefore, to imagine, that it acts as a ſpecific in the cure of Gonorrhœa.

To prevent interruption in this part of the work, formulæ are given in the Appendix to this volume, of all the preparations that I wiſh to recommend. Of mercurial aſtringent injections, the preſciptions, No. 1, 2, and 3. are perhaps the beſt that can be uſed.

Calomel uſed in injections ſeems to act in a ſimilar manner with lapis calaminaris, armenian bole, and other aſtringent earths; not by any ſpecific virtues with which they are endowed, but by reſtoring

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tone to parts weakened by the diſeaſe. It is in this manner, I conclude, that all of theſe articles act in the cure of Gonorrhœa; and in caſes not particularly obſtinate, they very commonly prove effectual. Lapis calaminaris, or tutia finely levigated, ſuſpended in thin muçilage, makes a very ſafe and uſeful injection. No. 4th and 5th are formulæ of theſe; and No. 6th is a preſcription of a gentleman retired from buſineſs, who, at one period, was in very extenſive practice in London, and who in the courſe of much experience in the cure of Gonorrhœa, gave the preference to this over all others that he employed.

Theſe earths poſſeſs one important advantage: they never do harm in whatever quantity they are uſed. If levigated with ſufficient care and attention, they may be uſed in any quantity that the liquid in which they are conveyd can be made to ſuſpend.

Allum diſſolved in water makes a ſafe and uſeful injection. It proves equally ſafe,

ſafe, and ſtill more powerful, when conjoined with a decoction of oak bark, or an infuſion of galls, for which preſcriptions are given Nos. 7th, 8th, and 9th; and in ſome caſes, injections with calcined allum have anſwered the purpoſe, where allum in every other form had been uſed in vain.

Kino, an aſtringent lately much employed in Diarrhœa, proves alſo an uſeful ingredient in injections for Gonorrhœa. In various caſes it has proved ſucceſsful where other articles had failed, and I have not obſerved that it ever does harm. As it is not very ſoluble in water it becomes neceſſary to ſuſpend it in fine powder, by means of mucilage, as in Nos. 10th and 11th.

Opium proves often an uſeful ingredient in this kind of injection; and as it anſwers equally well whether much pain takes place or not, I conclude that it does not act ſo much as a ſedative as it does as an aſtringent. Nos. 12th and 13th are formulæ of injections with opium alone, and No. 20. is a very powerful combination of opium with camphire and white vitriol.

Some of the aſtringent balſams properly combined with water, make a good variety of injection for Gonorrhœa, particularly balſamum canadenſe, and balſamum copaiba, as in No. 14.

Lead, in various forms, proves highly ſerviceable in theſe injections. Ceruſſe ſuſpended in mucilage and water is often employed with advantage; but acetum lythargyri, and ſaccharum ſaturni, now termed ceruſſa acetata, diſſolved in water, are chiefly to be truſted. Formulæ of theſe are given in Nos. 15th, 16th, and 17th.

Of all the aſtringent injections, however, which I have uſed, none prove ſo powerful as white vitriol, now termed vitriolated zinc diſſolved in water. In the quantity of a grain and half or two grains to an ounce of water, it ſeldom creates much irritation, and it does not often fail in this variety of the diſeaſe, in which alone injections ever prove materially uſeful. No. 18th is the form of injection, which, in the common occurences of daily practice, I am in the habit of uſing; and No. 19th is a combination of

vitriol

vitriol and acetum lithargyri, which, in a few caſes, I have found to anſwer better than either of them have done ſeparately.

Other aſtringents might be enumerated, from which very uſeful injections might be prepared, but the formulæ which I have given contain the moſt powerful of any with which we are yet acquainted. None of them will at all times prove ſucceſsful; but from much experience of their efficacy, I can aſſert, that in this ſtage of the diſeaſe, injections ſeldom fail when properly managed and duly perſiſted in.

The vitriolic injection, No. 19, I have mentioned as the moſt uſeful formula of any; but it will ſometimes happen that a caſe will readily yield to others which has long reſiſted this. When we do not, therefore, ſoon ſucceed with one form of injection, we ought, without loſs of time, to have recourſe to others, by which we with more certainty effect our purpoſe, than by continuing to employ the ſame for a long time together.

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In all the formulæ that I have given of injections, the ingredients are in ſuch proportions as beſt ſuit the general courſe of buſineſs. This was a point of much importance to aſcertain, and ſo far as my obſervation goes, I have done ſo; but caſes will, no doubt, from time to time occur, in which ſome variety of ſtrength is neceſſary. All injections ſhould be of ſuch a ſtrength as to excite ſome degree of irritation in the urethra, but by no means ſo ſtrong as to create much pain: hence, where the preparations that I have mentioned do not anſwer the purpoſe, they ſhould be made ſtronger; and when of ſuch a ſtrength as to excite ſevere pain, they ſhould be diluted.

This, I may remark, is an object that merits much attention; for while it is obvious that injections muſt do harm when too ſtrong, it is equally certain, that little or no advantage is derived from them when they are too weak. I have known a cure accompliſhed in three days, merely by making an injection of a ſufficient

ſtrength, where the diſeaſe had previouſly gone on for two or three months from this being overlooked: I conſider this, indeed, as one of the moſt important points in the treatment of Gonorrhœa; nor does any thing diſtinguiſh the practitioner of experience with more certainty, than his being able to adapt the ſtrength of his injections to the particular circumſtances of every caſe that falls under his direction.

In the application of injections two circumſtances particularly merit attention, the manner of throwing them up, and the frequency of uſing them.

They may be thrown up either with a ſmall bag of reſina elaſtica, fitted with a pipe, or with a common ſmall ſyringe: whether the bag or ſyringe be uſed, the pipe ſhould be perfectly ſmooth, of a conical form, not above half an inch in length, and the cone of ſuch a thickneſs near the root, as not to allow the pipe to paſs above a quarter of an inch into the urethra.

The

The bag or ſyringe being filled with the injection, and the patient either ſtanding, or ſeated with his breech over the ſide of a chair, ſo as to prevent the perineum from being preſſed upon, the pipe, when well oiled, ſhould be inſerted into the urethra, as far as it will go, with the right-hand, while, with the left, he graſps the penis, and pulls it forward upon the pipe. The injection muſt now be thrown up in ſuch a manner that it may reach the fartheſt part of the urethra that is affected, but not with ſuch force as to excite pain.

When the diſcharge proceeds from near the extremity of the penis, very little force is requiſite; but when the upper part of the urethra is affected, if the injection be not thrown up with firmneſs, it will not reach the ſeat of the diſeaſe, and hence no advantage will enſue from it. Previous, therefore, to the uſe of injections, the part of the urethra from whence the diſcharge proceeds, ſhould be aſcertained, and it can be eaſily done in the manner that I have mentioned.

In using injections, some judge it proper to prevent them from passing farther in the urethra than the seat of the disease; lest, by forcing the matter along with them, the infection should be carried to parts which otherwise might not have been injured. For this purpose the patient is desired to compress the urethra with the middle finger of his left-hand, at that point to which it is meant the injection should go; while the syringe or elastic bag is employed for throwing it up in the other. But although there is no necessity for throwing injections farther than the seat of the disease, there is no cause for this anxiety in preventing them. It does not appear, that in this manner, the infection is ever communicated from one part of the urethra to another; at least I have never met with an instance of it, and I have seldom pointed this out to my patients as a necessary piece of attention. While it does not, therefore, answer any good purpose, it certainly renders it more difficult for the patient to throw the injection

jection properly up, as he cannot both make preſſure upon the upper part of the urethra, and, at the ſame time manage the ſyringe with that exactneſs which it requires.

The point, however, of moſt importance in the uſe of injections is, the frequency with which they ſhould be thrown up; it is not enough that we diſover a compoſition that will accompliſh a cure, if we do not uſe it with that frequency which the nature of the diſeaſe requires. In common practice the patient is deſired to inject the liquid two or three times a-day: this, if the injection be of a proper ſtrength, will in courſe of time prove effectual; but from much attention to the ſubject, I am convinced, that cures would be more ſpeedily obtained were injections more frequently thrown up. Inſtead of two or three times a day, I adviſe them to be uſed ſeven, eight, or ten times daily; by which, the cure inſtead of being protracted for ſeveral weeks, is often compleated in as many days.

This, I muſt obſerve, is a point of ſuch importance in the cure of Gonorrhœa, that nothing can compenſate the neglect of it. The inefficacy of injections is frequently held forth as an important objection to this mode of treatment ; but, for the moſt part, the failure of injections will be found, in a great meaſure, to depend upon the cauſe to which I allude: Patients ought, therefore, to be urged to uſe them, at leaſt as frequently as I have mentioned. When indeed the diſcharge leſſens, or when it diſappears entirely, there is no neceſſity for uſing them frequently; but while it continues undiminiſhed, the more frequently the remedy is applied to the parts from whence it proceeds, the more quickly will it be removed.

On laying injections aſide, even after the running has diſappeared, and when there is therefore cauſe to ſuppoſe that a cure is obtained, the diſcharge often returns, as I have already obſerved, with equal ſeverity as at firſt, either from exceſs

ceſs in wine, or over exertion in bodily exerciſe. In ſuch circumſtances the injections muſt again be employed, and uſed with the ſame frequency as before, care being taken not to leave them off till ſome time after the running has diſappeared again.

When the diſcharge returns repeatedly, the parts from whence it proceeds become ſo weak and relaxed, that a new diſeaſe thereby takes place, forming a variety of what in general is termed gleet. This, however, requires remedies of a different kind, and will fall to be conſidered in a different chapter.

It will be remarked, that excepting injections, I have only ſlightly taken notice of any other remedies: This I have purpoſely done, from a full conviction of the inefficacy of every remedy not immediately applied to the urethra, and from finding that a proper uſe of injections never fails to prove ſucceſsful where a cure by any means can be obtained.

Where much pain and inflammation take place, I have obſerved above that ſome advantage may be obtained from blood-letting, conjoined with ſtrict attention to an antiphlogiſtic regimen. I think it right, however, to ſay, that few caſes occur in which this becomes neceſſary. A patient under Gonorrhœa ſhould live moderately, but not upon ſuch low diet as in former times was very generally preſcribed. He ſhould live in ſuch a manner as may prevent the inflammatory ſymptoms from becoming ſevere, but not ſo low as to incur the riſk of inducing relaxation or debility.

The circumſtances which moſt particularly require attention are, abſtinence from all manner of connection with women, and from bodily exertion, ſuch as much walking and riding on horſeback, which more eſpecially affect the parts concerned in this diſeaſe.

Where no injections have been uſed, where the diſeaſe is either left entirely to nature,

nature, or treated with demulcents and purgatives only, a regular progreſs towards amendment is, for the moſt part, obſerved in the diſcharge. The matter from being thin, and of a greeniſh hue, or perhaps of a red colour from being tinged with blood, becomes of a thicker conſiſtence, tough, ropy, and of a white or yellow colour: but where injections are employed this ſeldom happens. This natural proceſs is thereby interrupted, and a cure often takes place without any change being perceived in the colour or conſiſtence of the diſcharge.

Beſides the uſual ſymptoms of this ſtage of Gonorrhœa, we meet with others which occaſionally take place in every ſtage of the diſeaſe, and which, ſome may ſuppoſe, ought to have been particularly noticed here, ſuch as chordee, and evacuation of blood from the urethra. But theſe ſymptoms being attended with circumſtances requiring a peculiarity of treatment quite unapplicable in the ordinary ſtate of Gonorrhœa, and being all of them highly

important,

important, a ſeparate ſection will be allotted for the conſideration of each. We ſhall now, therefore, proceed to conſider the ſecond ſtage of the diſeaſe.

SECTION V.

Of the Second Stage of Gonorrhœa.

IN this ſtage of the diſeaſe all the ſymptoms are more violent than in the firſt. The heat of urine is more ſevere; the whole body of the penis becomes tender, and even painful; and chordee takes place to a very diſtreſsful degree. The matter diſcharged from the urethra is either of an ugly green colour, or deeply tinged with blood, and commonly fœtid. On examination it is found to proceed from the higher parts of the urethra, generally from about the middle of the perineum, where the patient complains of a ſmart

pain

pain upon preſſure, and where one or more ſmall tumors are often perceptible, produced by the inflammation having extended to Cowper's glands.

Although the ſymptoms of the firſt ſtage of Gonorrhœa are commonly diſtinctly marked, yet they frequently proceed to, and terminate in one of the other ſtages of the diſeaſe, particularly in that which we are now conſidering. This happens from the inflammation extending along the urethra, either from the matter being more than uſually acrid; from improper management on the part of the patient; from the imprudent uſe of irritating or very aſtringent injections; or from the patient being of a habit of body rendering him particularly liable to be acted upon by cauſes apt to excite inflammation.

I conclude that it happens moſt frequently from the firſt and laſt of theſe cauſes, or, perhaps, from a combination of both; for, in a great proportion of caſes, we find it taking place almoſt from the firſt day on which the running was perceived.

ceived. It muſt, no doubt, have fallen under the obſervation of every practitioner that this, as well as the third and fourth ſtages of Gonorrhœa, are often induced by the patient living in a ſtate of riot and debauchery; and, in ſome caſes, by the immoderate uſe of irritating injections. But although theſe are circumſtances which in every caſe of Gonorrhœa ſhould be rigidly guarded againſt, from their tending to excite one of the moſt diſtreſsful complaints to which the human body is liable; yet, from what I have mentioned, I am convinced, that the worſt ſtates of the diſeaſe would occaſionally occur, notwithſtanding of the moſt rigid abſtinence, and of all that could be done either on the part of the patient or ſurgeon to prevent them.

As the practice in this ſtate of Gonorrhœa is different from what I have adviſed in the firſt ſtage of it, to diſtinguiſh rightly between the two is a very important part of the practitioner's duty. In the firſt, the matter is, for the moſt part, diſcharged from within an inch and half

of the extremity of the penis; and where it happens to extend farther up the urethra, although the ardor urinæ may be conſiderable, yet the pain is not ſo ſevere as it always is in the ſecond ſtage of the diſeaſe. In this laſt, the whole body of the penis, as I have obſerved above, is tender and painful; the chordee is highly diſtreſsful, and one or more inequalities, accompanied with pain on preſſure, are diſcovered in the perineum: whereas, in the former, any chordee which takes place is for the moſt part moderate; the pain is never conſiderable, if it be not when the patient is paſſing water, and no hardneſs or inequalities are perceived in the perineum.

It is here proper to remark, that even in the ſecond ſtage of the diſeaſe, theſe glandular tumefactions in the perineum are not always obvious at firſt; but on preſſure with the fingers they are eaſily diſcovered, even on their commencement; and on longer continuance they become perceptible, not only to the touch but to the

the eye. Whenever the chordee is ſevere, the whole penis acquires much preternatural firmneſs and tenſion, particularly where it runs along the perineum. This, however, is very different from the glandular affections to which I allude: the one is a diffuſed ſwelling, extending over the whole, or a conſiderable part of the penis; it does not continue fixed or permanent, and it ſeems to depend upon a morbid irritability in the muſcles of the penis, by which they are eaſily excited to violent and unequal contractions. The others are, at firſt, ſmall, circumſcribed, ſwellings, and painful to the touch: they do not riſe and fall ſpeedily, and they remain more or leſs permanent according as the ſymptoms with which they are connected are more or leſs violent.

Theſe ſwellings proceed, as I have already obſerved, from an inflamed ſtate of Cowper's glands, induced by the inflammation extending to the glands themſelves along their ducts, which terminate in the urethra.

In

As inflammation is in this ſituation apt to terminate in the ſame manner with high degrees of inflammation of other parts, in the formation of matter, and as this is apt to excite the moſt diſtreſsful conſequences, nothing ſhould be omitted that can tend to prevent it. When matter forms in theſe glands, if it be not immediately diſcharged by an external opening, it is very apt to burſt into the urethra, and to produce a diſcharge, which, in ſome caſes, does not terminate but with the life of the patient.

On the firſt approach, therefore, of this ſecond ſtage of Gonorrhœa, all our endeavours ſhould be employed to remove or leſſen the inflammation. If the patient is plethoric he ſhould loſe a conſiderable quantity of blood with the lancet, and ten or a dozen leeches ſhould be applied to the pained part. Whatever his habit of body may be, the application of leeches ſhould not be omitted, and they ſhould be repeated once and again, according to their effects, and to the degree of inflam-

mation

mation and ſwelling which take place; ſaturnine poultices ſhould be applied over the part affected; the bowels ſhould be kept open with gentle laxatives, and the patient ſhould be put upon a low diet.

If, either by the violence of the inflammation, or by an imprudent uſe of aſtringent injections, a ſtop has been put to the diſcharge, much advantage will be derived from our ſoliciting a return of it. This, however, muſt not be done with irritating applications, ſuch as bougees, and ſtimulating injections, as ſome have adviſed, but it may be attempted with ſafety by throwing up, from time to time, injections of warm oil and other emollients, ſuch as warm decoctions of lintſeed and althea.

But although we find from experience that much harm is done by the application of ſtimulants directly to the urethra, yet we know that they may be applied to the ſkin both with ſafety and advantage. Thus, when the ſwelling does not ſoon leſſen by blood-letting, and the other remedies

dies that I have mentioned, I have, in different inſtances, derived advantage from the application of bliſters to the parts affected; and by covering the bites of the leeches with adheſive plaſter, this may be done ſoon after they have been applied. The bliſter ſhould be made to cover the whole perineum.

When the remedies that I have adviſed are timeouſly and properly applied, they do not often fail to remove the inflammation; but when this is not accompliſhed, and when the tumours proceed to a ſtate of ſuppuration, nature ſhould be as much as poſſible aſſiſted by a frequent and free uſe of emollient poultices and fomentations, and as ſoon as a fluctuation of matter is diſcovered, it ſhould be diſcharged by making an opening the full length of the tumour. In this manner a ſore will be produced that may be difficult to heal; but if the habit of body is ſound, a cure will be obtained at laſt, and there is no other method with which I am

acquainted that will ſo readily prevent the matter from burſting into the urethra.

When this unfortunate circumſtance takes place, of matter collected in one or more of theſe glands finding acceſs to the urethra, ſcarcely any advantage is to be derived from art in the manner of treating it. Injections, as I had occaſion to remark in the laſt ſection, inſtead of proving uſeful, rather do harm. They cannot reach the cavity of the gland, where alone they might anſwer a good purpoſe, and by preventing for a time that free diſcharge of matter, which, in every abſceſs is deſirable, they cauſe it to collect, and alternately burſt out, in greater quantities than before.

When the cauſe of this is not ſuſpected, both the patient and practitioner are apt to imagine that it proceeds from the fault of the injection: every variety of the remedy is therefore employed, but nearly the ſame effect reſults from all of them, and the patient, after being teazed and perplexed for a great length of time, finds himſelf

himſelf in no degree better than he was at firſt.

By ſome practitioners a courſe of mercury is adviſed in this ſtate of the diſeaſe, eſpecially frictions with mercurial ointment on the perineum; but although I have often known it fairly and completely tried, I never knew any advantage derived from it. Neither does mercury prove uſeful in the ſores which enſue from opening abſceſſes in the perineum, ariſing from Gonorrhœa. On the idea of theſe ſores being of the ſame nature with ſuch as ſucceed to buboes in Lues Venerea, mercury is commonly preſcribed; but although I have known it repeatedly uſed, not only for the cure of the ſores, but for the diſcuſſion of the previous tumefaction of the glands, I never knew any advantage reſult from it.

All that in ſuch circumſtances can with propriety be done is, to cauſe the patient live in ſuch a manner as will moſt effectually brace his conſtitution; his diet ſhould be invigorating; cold bathing, par-

ticularly in the ſea, proves ſometimes uſeful, and, in ſome inſtances, Jeſuit's bark is given with advantage.

In no period of this ſtage of Gonorrhœa are injections admiſſible, and I ſuſpect that the diſcredit into which injections have fallen with many, has ariſen from their being employed promiſcuouſly in every ſtate of the diſeaſe. We have juſt ſeen, that they cannot be uſed with any proſpect of ſucceſs when ſuppuration has actually taken place, and to every practitioner it muſt appear that they ſhould not be adviſed while much inflammation continues: While the parts are inflamed, inſtead of endeavouring to remove the diſcharge, we ought rather to try to promote it. Nothing tends with more certainty to keep the ſymptoms moderate than the continuance of a plentiful diſcharge; and I have repeatedly obſerved that they all become more ſevere by whatever tends to leſſen it: It is proper, therefore, that the younger part of the profeſſion be put ſtrictly on their guard againſt the uſe of injections in every

every period of this ſtage of Gonorrhœa; a practice which, in the firſt ſtage of the diſeaſe, is the only remedy, as we have ſeen, upon which any dependence ſhould be placed, but which in this is evidently fraught with danger to the patient, and therefore with diſcredit to thoſe who adviſe it.

Beſides the glandular abſceſſes of theſe parts, which we have juſt been conſidering, collections of matter are apt to form in this ſtate of the diſeaſe, not only in the cellular ſubſtance of the perineum, but in the corpus cavernoſum of the penis, as well as in the corpus ſpongeoſum urethræ. The treatment of theſe, however, correſponds ſo exactly with what has been pointed out for the others, that I have nothing farther to ſay upon it. To prevent, as much as poſſible, the riſk of theſe collections burſting into the urethra, the matter ſhould be diſcharged by a free opening the whole length of the tumour, as ſoon as it is found to be completely formed.

When collections of matter in this ſituation, whether ſeated in Cowper's glands, or in the contiguous ſoft parts, terminate, as they ſometimes do, in external openings, at the ſame time that a communication is formed with the urethra, the urine eſcapes at the ſore, and thus another diſeaſe is produced, termed a ſinus, or fiſtula in perineo. This falls to be treated like ſinuſes in every other part: the ſeat of the abſceſs muſt be laid open from one end to the other, and by enlarging the opening in the urethra, if the patient be otherwiſe in ſound health, a cure will, for the moſt part, be obtained, by endeavouring to heal the ſore from the bottom in the uſual way *.

It may be alleged, if this proves ſucceſsful where the matter has already formed an opening, both inwardly and outwardly, for itſelf, that a ſimilar practice ſhould be adopted where the abſceſs has only burſt into the urethra; that a free incision

* Vide Syſtem of Surgery by Benjamin Bell, chap. xxxiii.

inciſion ſhould be made into it, and a cure attempted in the manner I have already adviſed.

Where the opening into the urethra is ſuch as to admit the urine to paſs to the abſceſs, the practice to which I allude ought undoubtedly to be adopted, for no other will prove ſucceſsful, and the patient muſt remain in a ſtate of great diſtreſs and miſery while this communication remains; but while the external teguments remain entire; while the urine does not find acceſs to the abſceſs; and while the pain ariſing from it is inconſiderable, no attempt of this kind ſhould be made. However inconvenient the diſcharge of matter from the urethra may be, and however long it may continue, the patient ſhould rather ſubmit to it, than to the uncertain event of an opening in the perineum, which always proves tedious and diſtreſsful, with whatever judgment it may be treated.

SECTION VI.

Of the Third Stage of Gonorrhœa Virulenta.

IN this ſtage of Gonorrhœa, along with ardor urinæ, and the other ordinary ſymptoms of the diſeaſe, the patient complains of a ſevere fixed pain in the upper part of the perineum, accompanied with a ſenſation of fulneſs and tenſion in all the parts contiguous to the anus. The deſire to void urine is more frequent than in either of the two preceding ſtates, and it is commonly paſſed with much pain and difficulty; often drop by drop. Teneſmus, or a painful and frequent deſire to go to ſtool, often takes place: in ſome inſtances, to ſuch a diſtreſsful height as to render the patient perfectly miſerable.

Even in the commencement of the diſeaſe the pain in paſſing water is in ſome caſes ſo ſevere as to excite heat and other

ſymptoms

ſymptoms of fever; and, as it advances farther, I have known the fever become very alarming. This ſtate of Gonorrhœa proceeds, in ſome inſtances, from the inflammation ſpreading backward in a gradual manner from the point of the penis, which I have ſhewn to be the ſeat of the firſt ſtage of the diſeaſe; but more frequently it takes place ſuddenly, either from the imprudent uſe of injections, from the patient being in a riotous courſe of life, or from his being expoſed to violent exerciſe, either on foot or horſeback.

On examining the parts affected, the penis, for the moſt part, is found to be in a ſtate of tenderneſs and irritability, nearly indeed, as I have deſcribed it to be in the ſecond ſtage of the diſeaſe; but, together with this, on compreſſing the parts about the end of the rectum, a ſenſe of pain is experienced, which does not happen in either of the ſtates that I have deſcribed, and on paſſing the finger into the anus, the proſtate gland is found enlarged, and in

ſuch

ſuch a ſtate of irritability that it can ſcarcely bear to be touched.

Even the ſlighteſt degree of this ſtage of Gonorrhœa excites much uneaſineſs, and the deſire to paſs water ſeldom ceaſes for above a few minutes together; but whenever it has been of long duration, the proſtate gland, which nearly ſurrounds the urethra, or which rather appears, as it were, to form the paſſage of urine at this part, becomes often ſo much ſwelled as nearly to obſtruct the diſcharge of urine as completely as when the urethra is entirely ſtopped. Thoſe, indeed, who are not verſant in this branch of practice are apt to miſtake this affection for ſtrictures in the urethra; of courſe a delay takes place in uſing the proper remedies, and attempts which are frequently made to overcome the ſuppoſed ſtrictures, too often do miſchief. Frequently, indeed, neither a bougie, nor catheter, when employed for removing a ſuppreſſion of urine proceeding from this cauſe, can be paſſed; for the proſtate gland is in ſome caſes ſo much

ſwelled

ſwelled as to obliterate the paſſage almoſt entirely, and in others, by ſwelling on one ſide only, the paſſage is thrown altogether over to the other; circumſtances which render the introduction of a bougie either impracticable, or at beſt difficult and uncertain.

As it is in the commencement only of this ſymptom that any material advantage is derived from the interference of art, and as the diſeaſe excites in its more advanced ſtates the greateſt poſſible diſtreſs, we ought inſtantly on the firſt approach of it, to apply ſuch remedies as experience has ſhewn to prove moſt effectual.

Of all the remedies that I have ever employed, early blood-letting is that from which the moſt obvious advantage has been derived. It ſhould be adviſed immediately on the firſt approach of pain, nor ſhould we be deterred by a weakly or delicate conſtitution. In a perſon of this deſcription the evacuation ought, no doubt, to be more ſparingly practiſed than where plethora takes place; but even in the

the moſt delicate habit of body, a quantity of blood ſhould be diſcharged in proportion to the ſtrength of the patient; in the firſt place by the lancet, and afterwards by the application of leeches to the parts affected. The practice of blood-letting I conſider to be equally neceſſary here as in caſes of pleuriſy: in the latter, indeed, the life of the patient is in greater hazard, but in this his future comfort and enjoyment of life are at ſtake. It ought not, therefore, in any inſtance, to be omitted.

Of this I ſpeak the more decidedly from various inſtances having fallen within my obſervation, of the moſt diſtreſsful conſequences having enſued from the omiſſion of this remedy, and from others having ended eaſily where blood-letting was with freedom employed. It is in the firſt ſtages only of the diſeaſe, however, in which it acts with advantage; chiefly, indeed, on the firſt ſymptoms of inflammation taking place, for when the proſtate gland becomes inflamed and ſwelled in any conſiderable

derable degree, neither this nor any other remedy can be depended upon for a cure. After much time has elapſed an enlarged proſtate will ſometimes be found diminiſhed, but this happens more frequently from attention to regimen alone, and without our being able to account for it, than as a neceſſary conſequence of any medicine that we employ.

Bliſters do not afford that relief here that we ſometimes derive from them in ſwellings of Cowper's glands, but in various inſtances I have derived advantage from deep ſeated iſſues: I will not ſay that I have ever known a cure completely accompliſhed by any remedy whatever, where the proſtate gland has been much hardened and enlarged; but no remedy that I have employed for the removal of this very diſtreſsful and obſtinate diſeaſe has ever proved ſo uſeful as a pea iſſue on each ſide of the rapha perinei, and the more deeply the peaſe are inſerted, the more uſeful they commonly prove:

For-

For the removal of pain and irritation, opium, whether given by the mouth, or in clyſters, proves always our moſt certain remedy; but probably from coming more directly in contact with the diſeaſed parts, it proves evidently moſt ſucceſsful when given in clyſters, and it ſeems to anſwer better in ſmall doſes, frequently repeated, than in larger quantities given at once. Thirty drops of laudanum, mixed with two ounces of thin ſtarch, and thrown eaſily into the rectum, very commonly gives immediate relief, and as long as this doſe proves effectual it ought not to be increaſed.

While opiates, given in this manner, leſſen the irritability of the organs of urine, they alſo give much relief by removing that painful and frequent deſire to go to ſtool, with which patients in this diſeaſe are often ſeverely afflicted.

Hitherto I have ſaid nothing of the uſe of injections, which are frequently employed in this, as in other ſtages of Gonorrhœa, for removing the diſcharge.

This,

This, however, is a practice that ought not to be adopted. In the ſecond ſtage of Gonorrhœa I had occaſion to remark, that the diſcharge, inſtead of being ſtopped, ought rather to be encouraged. The ſame obſervation applies ſtill more forcibly here, where a ſtoppage of the diſcharge tends always to aggravate every ſymptom, and where we find that relief is often obtained by our bringing on a return of it. This, as I obſerved in the laſt ſection, ſhould rather be done by the uſe of warm emollient injections, than by ſuch as ſtimulate and give pain. Theſe laſt, I know, are often adviſed for this purpoſe, but as I have known them evidently do much harm, even when managed in the moſt cautious manner, and as we find, indeed, that this ſtage of the diſeaſe is often at firſt induced by this very practice, I do not heſitate to ſay that it ought very univerſally to be laid aſide. For a ſimilar reaſon bougies ought never to be employed in this ſtage of Gonorrhœa.

Emollient

Emollient injections prove uſeful not merely by ſoliciting a more plentiful diſcharge from the urethra, but by ſoothing the irritability in the parts affected, and thus leſſening the pain; and where opiates are conjoined with emollients they act ſtill more powerfully in this manner. An infuſion of the heads of poppies and althea root, uſed warm, anſwers particularly well for this purpoſe. Warm poultices, applied externally over the fundament and perineum, alſo prove uſeful. Some advantage too is derived from warm fomentations; and I have known the warm bath afford much relief.

All theſe remedies, however, act only as palliatives; but when duly perſiſted in, they ſeldom fail to leſſen the ſeverity of the diſtreſs, while nature, in the courſe of time, aided by cautious management on the part of the patient, may at laſt remove the pain. At leaſt, this, in the courſe of my obſervation, has happened in ſeveral inſtances where the ſwelling of this gland has not arrived at any great height;

height; but more frequently, I muſt again obſerve, as the conſequence of rigid attention to regimen than the effect of medicines. We conſtantly find, in this ſtage of Gonorrhœa, that whatever excites much heat of body does harm; whether bodily exerciſe, or heating food and drink: hence every thing of this kind ſhould be avoided, particularly much walking and riding on horſeback; and full meals of animal food, eſpecially when wine or other ſtrong drinks are likewiſe indulged in. The diet ſhould conſiſt almoſt entirely of milk and vegetables, with no greater proportion of animal food than is neceſſary to ſupport a very moderate degree of ſtrength.

Such drinks ſhould be chiefly uſed as tend to blunt the acrimony of the urine, and to ſheath the parts which it paſſes over; ſuch as infuſions of lintſeed and althea, emulſions of almonds, and water in which gum arabic is diſſolved.

Having inſinuated that I have little confidence in the activity of any medicine

for the removal of ſwellings of the proſtate gland, a deference to the opinion of others requires that I ſhould ſtate the grounds upon which this opinion is formed; this I ſhall do in noticing ſhortly the medicines which have been employed with the view of obviating this ſymptom.

When other remedies fail, and in ſome caſes even before they are fairly tried, mercury is, in common practice, recommended; but I have much reaſon to think that it very commonly, if not always, does harm.

Even in early practice I had frequent opportunities of ſeeing this ſtage of Gonorrhœa, and being led by converſation with others to expect ſubſtantial relief from mercury, I uſed it freely for many years: I muſt acknowledge, however, that I never perceived any advantage ariſe from it, while, in ſome caſes, evident miſchief enſued from it.

Mercury never had any obvious effect in diminiſhing the tumour, and by increaſing the irritability of the ſyſtem, even

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when given in ſmall quantities, and in the moſt cautious manner, it uſually rendered the diſeaſed parts more painful than they were before. On theſe accounts mercury appears to be not only an uſeleſs but a hazardous remedy, ſo that I have now, in ſwellings of this gland, laid it entirely aſide.

Cicuta has alſo been much recommended in ſwellings of the proſtate gland; but although I have given it very full and complete trials, I am not ſure that in any inſtance it ever proved uſeful. The diſeaſe, in ſome, has appeared to get better while cicuta was employed, but this was only where a great length of time had elapſed, and not in a greater proportion of caſes than where this remedy was never uſed. But as it may be employed under proper management, without any riſk to the patient, where other remedies do not ſucceed, and where it is neceſſary to be doing ſomething, it may be proper to give it a farther trial before any final opinion is formed of it.

Having, in tumours of other parts, obſerved obvious advantages from a decoction of the root of mezereon, I have, in various inſtances, uſed it in ſwellings of the proſtate gland. In ſome it has appeared to prove uſeful, but never ſo evidently as to enable me to ſpeak with certainty about it. When conjoined with ſarſaparilla*, it ſeems, in other caſes, to be rendered ſtill more active, and the mucilage contained in that root, by blunting the acrimony of the mezereon, renders it both more agreeable to the palate and more grateful to the ſtomach.

Among other remedies that are employed in ſwellings of the proſtate gland ſea bathing and drinking ſea water has been one of the moſt frequent. Where the diſeaſe of the gland is connected with a ſcrophulous conſtitution this remedy certainly proves uſeful. It will never remove the tumour ſpeedily; but, by ſtrengthening the conſtitution, it ſeems, in

* Vide Appendix, No. 45.

in ſuch circumſtances, to render the ſwelling leſs permanent than it uſually is where this remedy is not employed. It ought, however, to be remarked, that all ſtrong purgatives do harm. This happens in every ſtage of Gonorrhœa, but eſpecially where the proſtate gland or bladder are affected. By the irritation which they excite they not only induce a more copious diſcharge, but render the inclination to void urine much more frequent and more painful. When ſalt water is uſed, therefore, it ought not to be in greater quantities than to anſwer as a gentle laxative.

Swellings of the proſtate gland do not uſually terminate in ſuppuration, as frequently happens with tumours of the glands of the urethra. When Cowper's glands, or any of the ſmaller glands of the urethra become inflamed, they either ſuppurate or a cure is obtained by diſcuſſion: but, in ſimilar affections of the proſtate this rarely happens. When the tumour does not yield to timeous blood-

letting, or when it does not afterwards gradually ſubſide, it either remains nearly of the ſame ſize and hardneſs, or it becomes both larger and firmer till it ends in a real ſchirrus, of conſiderable bulk.

In this ſtate of the diſeaſe the diſcharge is, for the moſt part, thin and acrid; together with matter from the contiguous parts of the urethra, which are uſually more or leſs diſeaſed, a conſiderable quantity is thrown out from the gland itſelf, forming, as we ſhall afterwards ſee, one of the moſt obſtinate varieties of gleet.

Even in the commencement of this affection of the proſtate, the paſſage of urine, as I have already remarked, is often much obſtructed; but, in the more advanced ſtages of the diſeaſe, this cauſe of obſtruction comes, in ſome caſes, to ſuch a height as to be unſurmountable. Whether from the paſſage being completely obliterated, by the ſides of the ſwelled gland adhering together, of which I have now met with two inſtances, or from the paſſage being contracted by the ſides of the gland ſwelling unequal-

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ly, it ſometimes happens that neither a bougie nor catheter can be introduced. In this caſe, as a total obſtruction is formed to the paſſage of urine, we are obliged to draw it off by puncturing the bladder, which may either be done above the pubes, or by paſſing the trocar into the bladder from the rectum, or puſhing it up by the ſide of the diſeaſed gland *. It muſt be remarked, however, in forming an opening with a trocar for drawing the urine off from the bladder, that a very enlarged ſtate of this gland precludes every attempt for this purpoſe either in the perineum or rectum. In which caſe it muſt neceſſarily be done above the pubes.

In ſuch circumſtances, all that art can do, is to preſerve a paſſage for the urine, by retaining a canula in the opening, and keeping the patient as free from pain as poſſible with doſes of opium adequate to the diſtreſs in which he happens to be.

* Vide Syſtem of Surgery by Benjamin Bell, chap. xxxi.

SECTION VII.

Of the Fourth Stage of Gonorrhœa.

IT ſometimes happens in Gonorrhœa that the inflammation paſſes eaſily over the anterior part of the urethra, and ſhews itſelf in more force and violence higher in the paſſage. Thus, although the third ſtage of the diſeaſe, in which, as we have ſeen, the proſtate gland is chiefly affected, is ſometimes produced by the inflammation ſpreading from thoſe parts which are only concerned when the ſecond ſtage of it takes place, yet inſtances often occur of the inflammation paſſing from the point of the urethra, and fixing at once, in the moſt violent manner, upon the proſtate gland or bladder, without any of the intermediate parts having

ving been attacked. In ſome caſes the proſtate is affected while the bladder itſelf remains ſound, while in others it paſſes eaſily over that gland, and ſeizes with much violence upon every part of the bladder.

In ſome the bladder becomes inflamed almoſt on the firſt attack of the diſeaſe. The inflammation ſpreads ſo quickly along the urethra, that the bladder is pained in the courſe of a few hours from the commencement of the diſcharge. This, however, happens more frequently after the running has been of ſome duration, and, for the moſt part, it can be traced as the conſequence of much expoſure to cold and dampneſs; of violent exertion in walking or on horſeback, or, as the effect of an injection thrown with too much violence into the upper part of the urethra.

The patient, on the firſt approach of this ſymptom, complains of much uneaſineſs over all the region of the bladder, particularly about the neck of it; accompanied

companied with a frequent and painful deſire to make water, and often with teneſmus. In ſome caſes the pain is chiefly ſeated about the anus, but, in general, all the under parts of the abdomen are affected, particularly thoſe about the pubes, and, in ſome inſtances, even the kidneys become pained, either from nervous ſympathy, or from the inflammation ſpreading from the bladder along the ureters.

In general, the pain, eſpecially after voiding urine, extends to the glans penis, and as this, with the ſtoppage which occurs to the flow of urine, are ſymptoms which always accompany ſtone, caſes of this kind, when the hiſtory of the diſeaſe has been concealed, have been miſtaken for ſtone in the bladder.

If the diſcharge has not been ſtopped by injections, it continues as if no affection of the bladder had taken place; and, any interruption that occurs to it proves only temporary; but along with the uſual diſcharge from the urethra, ſuch as takes place in one or other of the different

ſtages

ſtages of the diſeaſe that I have deſcribed, a conſiderable quantity of matter paſſes off with the urine. This gives the urine a turbid appearance, as if purulent matter was mixed with it, but on examining the depoſition, which it uſually makes in the courſe of a few hours, it is found to conſiſt almoſt entirely of mucus.

On a further continuance of the diſeaſe, this matter contained in the urine aſſumes a very different appearance. Inſtead of being broken and divided into flakes as it was at firſt, it now becomes tough and viſcid in a very remarkable degree, reſembling iſinglas diluted with water to the conſiſtence of jelly. This gelatenous matter is ſuſpended in the urine when firſt voided, but it ſoon ſeparates, and falls to the bottom, where it adheres ſo firmly to the ſides of the pot, as to be ſeparated from it with difficulty. In ſome caſes this ſubſtance is clear and tranſparent, in others it is tinged of a yellow hue, and ſomewhat opaque.

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When much of this matter has paſſed off, the patient is commonly relieved, and continues eaſy for a longer or ſhorter period according to the degree of inflammation that takes place.

In ſome caſes the quantity of this viſcid matter is not conſiderable, being no more than what ſlightly covers the bottom of the pot, while in others it ſeems to form more than one half of all that comes from the bladder. When in ſuch conſiderable quantities, it tends greatly to reduce the ſtrength of the patient, inſomuch that few conſtitutions are able to bear it long.

From the nature of the parts in which this diſeaſe is ſeated, we would expect that it ſhould be the moſt formidable ſymptom that Gonorrhœa could induce. This, however, is not the caſe: the diſeaſe deſcribed in the laſt ſection, ſwelling of the proſtate gland, proves always more ſo. Few recover from the one, while cures are often obtained in the other. At leaſt this is the moſt frequent reſult where the diſeaſe

diſeaſe has not been much neglected at firſt. In general, indeed, a great length of time paſſes over before a cure is obtained; nay, ſome degree of uneaſineſs, and certain deranged ſenſations, often continue for a number of years, but after the firſt violence of the ſymptoms is over, they generally, in a gradual manner, become milder, till at laſt they vaniſh entirely.

On the firſt approach of the diſeaſe, blood-letting is the remedy upon which moſt dependence ſhould be placed, and, when freely practiſed, it ſeldom fails to render the ſymptoms moderate and of ſhorter duration.

Blood ſhould be taken with the lancet in quantity proportioned to the ſtrength of the patient, and a number of leeches ſhould be repeatedly applied near to the anus. The diet ſhould be the ſame as has been adviſed in the laſt ſection. The bowels ſhould be kept moderately open with caſtor oil, or other gentle laxatives, and opiates ſhould be given in ſufficient doſes for leſſening, or even for removing

moving the pain. When ſpeaking of ſwelling of the proſtate gland, I adviſed opiates to be given in the form of clyſters, rather than by the mouth, and this mode of exhibiting the remedy proves equally uſeful here.

With a view more certainly to allay the irritability of the bladder, it has been propoſed to inject opium, diſſolved in water, into it: but this appears to be a dangerous experiment. I have known it done, but it nearly killed the patient. Convulſions and other alarming ſymptoms were induced, but not in ſuch a degree as to prove fatal.

Warm emollient injections, ſuch as warm oil, or the form of injection in the Appendix, No. 23, frequently relieve the pain, and give a temporary ſuſpenſion of that conſtant deſire to paſs water, which often prevails here; and in ſome caſes the ſemicupium proves ſucceſsful when theſe have failed.

A plentiful uſe of mucilaginous drink, ſuch as infuſion of lintſeed and althea root,

root, and a ſolution of gum arabic in water, afford relief in all diſeaſes of the urinary paſſages, and in none more than in this.

All theſe remedies are meant to alleviate pain and irritation in the commencement of the diſeaſe, and when timeouſly applied, and duly perſiſted in, they very commonly anſwer the purpoſe; but in the more advanced ſtages of the diſeaſe, when the pain is not ſo acute, but when much irritation prevails, accompanied with a diſcharge of the viſcid matter that I have deſcribed, remedies of this claſs afford little or no relief. Opiates will at all times indeed allay the irritation, but blood-letting, which at firſt never fails to prove uſeful, tends now only to weaken the patient, while it does not in any degree leſſen the violence of any of the ſymptoms.

In this ſituation a liberal uſe of Jeſuit's bark ſometimes acts with advantage; and the addition of a few grains of allum to each doſe in ſome inſtances renders it more

effectual

effectual. Balſam of copaiba, and Canada balſam, prove likewiſe uſeful; but where much benefit is expected from remedies of this claſs, they ſhould be given in larger doſes than are commonly preſcribed: The quantity indeed ſhould only be reſtricted by the ſtate of the ſtomach; for they are ſo harmleſs, that they may at all times be given in as large doſes as the ſtomach will retain.

Of all the remedies, however, which in ſuch circumſtances I have ever tried, uva urſi is the moſt effectual. No advantage is derived from it where the proſtate gland is diſeaſed; but in unmixed affections of this claſs, where the bladder only is affected, it ſeldom fails to procure relief. It may at firſt be given to the quantity of twenty grains, and afterwards in doſes of half a drachm of the powder three times a-day, in which way it ſeldom fails, in the courſe of a ſhort time, to leſſen the proportion of viſcid matter in the urine; by which, and by the abatement of pain which at the ſame time takes place, we are always

always certain that the inflammation is diminiſhed.

On the idea that this diſeaſe of the bladder proceeds from a tranſlation of the matter of Lues Venerea from the urethra, mercury is commonly uſed in it; but although I have often given it, no advantage has ever been derived from it: it ſometimes even does harm. It tends greatly to increaſe the irritability of the ſyſtem, as well as of the parts more particularly affected.

When the diſeaſe has been of long duration, the bladder is apt to become much thickened and leſſened in diameter: hence, even after all the other ſymptoms are gone, the frequent inclination to paſs urine continues. In ſome caſes, this goes on for years; nay, I have known it endure for a great length of time, and only terminate with the life of the patient. It ſeems evidently to be the effect of inflammation, for it ſucceeds to inflammation of the bladder by whatever cauſe it may be induced. It alſo occurs from ſtrictures in

the urethra, when they happen to be conſiderable and of long duration.

For the removal of this thickened ſtate of the bladder mercury is often preſcribed, and in ſome caſes it has certainly proved uſeful; but it ſeems to prove equally ſo from whatever cauſe the diſeaſe may at firſt have ariſen *: It always does harm, however, while the parts continue in a ſtate of irritability, ſo that in this ſituation it ſhould never be given.

In this irritable ſtate of the bladder, if a plentiful exhibition of uva urſi does not ſoon prove effectual, opium, in the form of glyſters, ſhould be adviſed: By leſſening the deſire to paſs urine, it ſoon gives relief; and I have known it prove completely ſucceſsful at laſt, when every other

* This practice of giving mercury in the thickened ſtate of the urinary bladder, which ſucceeds to inflammation, we find recommended by the late Doctor Ebenezer Gilchriſt of Dumfries, to whom we are indebted for much valuable information in different parts of the practice of medicine.

other remedy had previouſly been tried in vain.

In ſome caſes, where opium, by inducing obſtinate coſtiveneſs, has not been adviſeable, I have derived much advantage from a liberal uſe of hyoſcyamus: It requires, however, to be given in larger doſes than are uſually preſcribed. The quantity of eight or ten grains of the extract may with ſafety be given to an adult even at firſt; in courſe of time to be increaſed to fifteen, twenty, twenty-five grains, or even to half a drachm.

SECTION VIII.

Of Chordee.

CHORDEE is a painful, involuntary erection of the penis. Patients in every ſtage of Gonorrhœa are, in ſome degree, liable to Chordee; but it occurs more frequently, and to a much greater height in the ſecond ſtage of the diſeaſe, than in any of the others. It is moſt frequent when the patient is warm in bed, when in ſome inſtances it is ſo ſevere as to deprive him entirely of reſt. During a fit of Chordee, the penis becomes hard and painful to the touch, and for the moſt part it is curved downwards in a conſiderable degree.

Chordee takes place in every period of this ſtage of Gonorrhœa, and it ſometimes continues after the heat of urine and all the other ſymptoms are gone, but it is u-

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ſually moſt ſevere during the continuance of the inflammation, and more or leſs ſo according as that ſymptom is in a greater or leſſer degree.

I therefore conclude that Chordee is an effect of inflammation, and that it proceeds from irritation, communicated from the nerves of the urethra to thoſe of the contiguous muſcles, by which thoſe unequal degrees of contraction are produced over the whole ſubſtance of the penis which univerſally take place in this ſymptom of the diſeaſe.

Were it owing to effuſions of lymph into the reticular parts of the penis, as ſome have imagined *, Chordee would be of a more permanent nature than we ever find it to be, and theſe effuſions would be apt to terminate in ſuppuration. Now, although ſuppuration is ſometimes the conſequence of inflammatory tumours in theſe parts, I have never known it happen in thoſe tumefactions which accompany Chordee. The latter commonly riſe and

* Vide John Hunter on the Venereal Diſeaſe.

diſappear again in the courſe of a few hours, and they are more diffuſed than tumours uſually are which proceed to ſuppuration. The others riſe more ſlowly, and they terminate, whether by diſperſion or ſuppuration, in a much more gradual manner.

Of all the remedies that I have ever employed opiates prove moſt uſeful in Chordee. The pain and tenſion are ſometimes removed by rubbing the parts affected with laudanum, or with a ſtrong ſolution of opium in water, and by keeping pledgits immerſed in either of theſe, conſtantly applied to them; but more advantage is obtained from the internal exhibition of opium. Thirty or forty drops of laudanum, given at bed-time, or on the acceſſion of Chordee, very ſeldom fail to prevent or remove it.

Emollient injections thrown into the urethra, particularly when impregnated with opium, have alſo a powerful influence in leſſening the violence of Chordee; and as the heat and irritation which coſtiveneſs

neſs always excites tends greatly to augment the ſeverity of this ſymptom, we often find it relieved by the operation of a laxative.

A temporary relief is often derived from the application of a cold ſolution of ſaccharum ſaturni, and I have known the external application of camphor prove ſerviceable: when diſſolved in ſpirit of wine it proves uſeful, but it acts with more advantage when diſſolved in oil. Friction with mercurial ointment have been much recommended for the removal of Chordee, but as I have commonly derived more advantage from the uſe of camphorated oil, I conclude that it is chiefly the emollient properties of the mercurial ointment which render it uſeful, and, therefore, the inconveniencies which ſometimes ariſe from mercury, may here be avoided.

In ſome caſes we derive advantage from tying the penis down with a fillet to the thigh, but this only anſwers where the ſymptoms are mild, nor ſhould it ever be

adviſed in the more ſevere attacks of the diſeaſe. Being an obvious remedy for counteracting an erection, it is not unfrequently employed in the firſt inſtance by the patient; but I have frequently known it do harm, either from the fillet being applied too tight, or from the parts being in ſuch a ſtate of tenderneſs as to render it altogether inadmiſſible.

When none of theſe remedies ſucceed, blood-letting ſometimes proves uſeful; particularly the application of leeches to the parts affected, nor ought this ever to be omitted when the patient is of a plethoric habit, or when the pulſe is full. When Chordee takes place in a ſlight degree only, blood-letting is never neceſſary; but whenever it is ſevere, and reſiſts the other remedies that I have mentioned, we ought never to heſitate in adviſing it. Blood-letting proves more effectual than any other remedy in preventing that permanent kind of Chordee, which ſometimes proves diſtreſsful long after every

other

other ſymptom of Gonorrhœa has diſappeared.

Opium, as I have already obſerved, is one of our moſt effectual remedies in every ſtage of Chordee, but particularly where it has been of long duration. In this ſtate of the diſeaſe I have ſometimes found, where opium has failed, that henbane, as I have already adviſed, the hyoſcyamus niger of Linnæus, has proved uſeful. Ten grains of the extract, properly prepared, ſhould be given two or three times a-day at firſt, and the doſe increaſed to fifteen, twenty, or more grains, according to its effects. I have given it to the extent of thirty grains three times a-day, with no inconvenience whatever; but this was after the patient had been for ſome weeks accuſtomed to take it.

I believe, indeed, as I have already obſerved, that we commonly err in giving too ſmall doſes of hyoſcyamus, and that more benefit would enſue from it, were it given in larger quantities.

SEC-

SECTION IX.

Of Hæmorrhages from the Urethra.

IN the deſcription of the diſeaſe, we have ſeen that the matter of Gonorrhœa is frequently tinged with blood. When the quantity of blood is inconſiderable, little or no notice is taken of it; the matter gradually acquires the common appearance, and a cure is accompliſhed in the uſual way; but when a blood-veſſel of any magnitude burſts in the urethra, as ſometimes happens when the inflammation runs high, ſuch quantities of blood are diſcharged as prove highly alarming. I have known different inſtances of three or four pounds of blood being diſcharged from the urethra in the ſpace of a few hours.

On the firſt appearance of this ſymptom complete reſt ſhould be adviſed, for nothing

nothing tends more to promote hæmorrhages of every kind, particularly thoſe from the penis, than bodily exertion. The patient's bowels ſhould be opened with a gentle laxative; his diet ſhould be of a cooling nature; he ſhould be kept in a cool, well-aired apartment, and the penis ſhould be immerſed, from time to time, in a cold ſolution of ſaccharum ſaturni, in equal parts of vinegar and water.

In Hæmorrhages of every kind I have derived much advantage from a plentiful uſe of kino, and particularly in the ſymptom which we are now conſidering. It may be given in the quantity of twenty grains four times a-day, either by itſelf or rubbed with equal parts of gum arabic and fine ſugar, which renders it both more palatable and more grateful to the ſtomach.

In ſome caſes aſtringent injections prove uſeful; particularly infuſions of red roſe leaves, impregnated with allum, as in No. 21, and No. 14*, of which balſamum

* *Vide* Appendix.

ſamum copaiba forms the baſis. The injections ſhould be thrown up with caution, and retained by compreſſing the urethra as long as the patient can bear them.

When all theſe means prove unſucceſsful, and when there is cauſe to ſuſpect that the patient's life may be endangered by the loſs of too much blood, recourſe muſt be had to preſſure. I have, in different inſtances, put an immediate ſtop to the diſcharge, by inſerting a bougie into the penis. When the bougie is large nothing farther is neceſſary; but when it does not prove ſucceſsful of itſelf, if the diſcharge proceeds from the fore-part of the penis, it may be ſtopped at once by gentle preſſure with a narrow roller; and when it flows from the perineum, preſſure with the hand or fingers ſhould be preferred.

With a view to obtain a long continued preſſure, a catheter of elaſtic gum may be uſed inſtead of a bougie, by which the patient, with due care and attention, may void his urine while the preſſure is continued:

tinued: but if the bladder is emptied immediately before the bougie is introduced, it may, for the moſt part, be retained as long as is neceſſary.

Having in this and the preceding ſections conſidered Gonorrhœa in the different forms under which it occurs in men, I ſhall now offer a few obſervations upon the ſame diſeaſe as it appears in females.

SECTION X.

Of Gonorrhœa in Women.

WOMEN are leſs ſuſceptible of Gonorrhœa than men; and with them it is alſo leſs violent in its ſymptoms, and leſs alarming in its conſequences.

Why men ſhould be more readily infected than women is difficult to explain; but that the diſeaſe ſhould prove more violent in men is evident. The parts which

which it attacks are more numerous, and more deeply ſeated; and we find that all the ſymptoms of the diſeaſe are mild or ſevere, according as the parts affected are deeply ſeated, or otherwiſe. Hence, as long as the extremity of the urethra only is affected, the ſymptoms of Gonorrhœa are equally violent in both ſexes. During the continuance of the firſt ſtage of the diſeaſe in men, the pain is never more ſevere than we often meet with it in women, nor does it ever become ſo till the inflammation proceeds to a greater depth.

In women the diſcharge proceeds either from the vagina or urethra, and in ſome caſes, partly from both. When the vagina only is affected, the pain is inconſiderable, unleſs the matter is ſo acrid as to inflame the clitoris, nymphæ, or labia pudendi, as we ſometimes find is the caſe; but whenever the urethra is the ſeat of the diſeaſe, the ſame degree of ardor urinæ takes place as uſually happens in men. Nay, in women this ſymptom is often more ſevere,

vere, and the inflammation proceeds more readily and more frequently in them to the bladder, than it uſually does in men; for, in moſt inſtances of Gonorrhœa in women, they complain of ſevere pain over the loins, and all the region of the bladder, and their urine very commonly depoſits mucus in ſuch quantities as indicates a conſiderable affection of that organ.

This muſt happen from the paſſage to the bladder being conſiderably ſhorter in them than in men; and the urethra being wider, and not ſo liable to be obſtructed, the ſymptoms ariſing from affections of this part are neither ſo ſevere, nor are they uſually of ſuch long continuance.

On examining the ſeat of Gonorrhœa in women, it is often difficult to determine whether the diſeaſe exiſts or not, and if the patient is inclined to conceal any circumſtances connected with her ſituation, it is altogether impoſſible to aſcertain this point with preciſion. This uncertainty often occurs from the ſimilarity of Gonorrhœa to the matter of fluor albus,

albus, a diſeaſe to which women are ſo very liable, that in ſome degree, ſcarcely any but the moſt robuſt are at all times free of it. Beſides a ſimilarity in the matter, the heat of urine, and inflammation of the contiguous parts, are often equally ſevere in the fluor albus as they commonly are in Gonorrhœa.

The chief diſtinction which external appearances afford between the two diſeaſes, is, that in fluor albus the matter is of a whiter colour than in Gonorrhœa. In the latter, it is ſomewhat of a cream colour, whereas in fluor albus it is uſually pale and white, and of a thinner conſiſtence. It muſt, however, be acknowledged, that theſe means of diſtinction are by no means ſufficient, and that no certainty with regard to it can be obtained, but by a full account being received from the patient herſelf of all the circumſtances connected with her ſituation. When a woman is ſeized with heat of urine, and a diſcharge of matter from the parts of generation, and at the ſame time admits that theſe ſymptoms

toms ſucceeded to her connection with a man labouring under Gonorrhœa, no doubt will remain of the nature of the diſeaſe: but, when a patient inclines to conceal the real cauſe of her diſeaſe, no means with which we are yet acquainted are ſufficient to aſcertain the difference between fluor albus and Gonorrhœa.

It fortunately however, happens, that the remedy which anſwers with moſt certainty in the one, proves equally powerful in the other: the remedy to which I allude is an aſtringent injection. All the variety of injections enumerated in the foregoing ſections may be uſed with equal propriety here: but it is chiefly the vitriolic ſolution, No. 18, upon which much dependence ſhould be placed. When duly perſiſted in, and thrown up five or ſix times a-day, it ſeldom fails, in women, to accompliſh a cure of Gonorrhœa, and it proves equally ſucceſsful, as I have obſerved above, in removing the fluor albus.

Where, indeed, the conſtitution is much debilitated, and where the diſcharge is kept up by general relaxation of the conſtitution, although injections may remove the running, they will not prevent a return of it; but from much experience of their influence I can recommend them as the moſt powerful remedy that has yet been employed for this very diſtreſsful ſymptom, to which a great proportion of females are liable.

When the diſcharge proceeds from the vagina injections may be uſed with much freedom; but in throwing them into the urethra more circumſpection is required even than in men. The urethra in women being ſhort, and the ſphincter of the bladder more eaſily forced, if injections are thrown up with violence they readily paſs into the bladder; and as this might be productive of much irritation and pain, it ought to be carefully guarded againſt. With proper attention this is eaſily done; and as the running proceeds, for the moſt part, from within half an inch of the extremity

tremity of the urethra, there is no neceſſity for throwing injections farther.

Where the diſeaſe is entirely confined to the urethra or vagina, a cure may always be accompliſhed by injections; particularly if at the ſame time due attention is given to diet, and to the ſtate of the bowels: but where the bladder is already diſeaſed, other remedies are required. The patient muſt loſe blood in quantities proportioned to her ſtrength; her diet ſhould be low; her bowels ſhould be kept eaſy with gentle laxatives; and the pain and irritation ſhould be leſſened or removed with doſes of opiates proportioned to the violence of theſe ſymptoms.

In women the mucous glands of the parts affected are apt to inflame, although not ſo frequently as in men, nor are the conſequences which reſult from them ſo apt to prove permanent. This may happen from none of theſe glands being ſo large in women: hence, when they ſwell from inflammation, they do not arrive at ſuch a bulk, and when they ſuppurate, the

abſceſſes which enſue more eaſily heal. They are chiefly ſeated in the labia pudendi and vagina.

Swellings of this deſcription in women require the ſame method of treatment as in men. Blood-letting, both general and local, ſhould be adviſed on the firſt appearance of the tumours, and the parts affected ſhould be kept covered with a cold ſolution of ſaccharum ſaturni in water and vinegar. When this fails in preventing their increaſe, warm emollient cataplaſms ſhould be adviſed, in order to forward ſuppuration; and this taking place, the tumour ſhould be opened by a free inciſion from one end to the other.

Where theſe tumours arrive at a larger ſize than uſual, I have, in different inſtances, both in men and women, diſcharged the matter by the introduction of a ſeton. But as ſetons are not in this ſituation eaſily managed, the mode of opening them by inciſion ſhould be preferred; and it will commonly be found that we ſucceed beſt by

by laying the abſceſs open through its whole length.

In the treatment of Gonorrhœa in females ſome uniformly preſcribe mercury, although they never adviſe it in men. This they do from an idea of its being more frequently connected with Lues Venerea in women than in men.

I have not found, however, that this is the caſe, or that there is cauſe for mercury being given for this diſeaſe in women more than in men. Gonorrhœa often taks place in women as it does in men, along with Lues Venerea: in ſuch circumſtances mercury muſt no doubt be employed; but by no means on account of the Gonorrhœa. So far as my obſervation goes, the diſeaſe is to be cured in both ſexes in the ſame manner, chiefly, as I have already remarked, by the uſe of aſtringent injections.

It happens, indeed, in women, as it alſo does in men, that Gonorrhœa, particularly the milder forms of the diſeaſe, will diſappear whether injections are uſed or

not. This, in former times, was attributed to the purgative, demulcent, and aſtringent medicines, which in every inſtance of the diſeaſe were uſed in large quantities; but by later experience we know that none of theſe remedies are neceſſary, and that the diſeaſe diſappears as ſoon, and with as much certainty, where none of them are employed, merely by keeping the parts clean, with a due attention to regimen.

In ſpeaking of cleanlineſs, it is proper to remark, that both in men and women it ought at all times to be inculcated, particularly in women, in whom the matter of Gonorrhœa is apt to become acrid, and to excoriate the parts to which it is applied.

Attention to this circumſtance is often adviſed on the ſuppoſition of chancres being likely to occur from the matter of Gonorrhœa being allowed to reſt long upon any particular ſpot. Whatever excites attention to cleanlineſs is always proper; but no practitioner of obſervation

tion will now admit, that cleanlineſs in Gonorrhœa proves uſeful by preventing chancres. Were this the caſe, excoriations produced by Gonorrhœa would not heal but with the uſe of mercury; whereas we all know, that they never require mercury, and that they heal eaſily merely by bathing the parts frequently, and preventing the matter from reſting upon them in future. When bathing in water alone does not ſucceed, a weak ſolution of ſaccharum ſaturni or ceruſſa acetata, will ſometimes anſwer, in the proportion of a grain to an ounce of diſtilled water.

SECTION XI.

Recapitulation.

I HAVE thus finiſhed the obſervations that I meant to offer upon Gonorrhœa as it appears both in the male and female patient; but it may not be improper in

this place, by a ſhort and general recapitulation, to bring all that I have ſaid into one point of view.

1. From the arguments that I have ſtated in the preceding ſections, it appears that Gonorrhœa is a local diſeaſe, proceeding from a ſpecific contagion, and not neceſſarily connected with any other.

2. That the diſcharge of matter in Gonorrhœa is not the effect of ulceration, but proceeds from an inflamed ſtate of the urethra and contiguous parts.

3. That this inflammation, while confined to the membrane of the urethra, particularly to the parts near to the extremity of the penis, never excites any alarming ſymptom: a diſcharge of matter, accompanied with ardor urinæ, and ſome ſlight degree of Chordee, being almoſt the only ſymptoms that take place.

4. The

4. That the diſeaſe is always formidable in proportion to the depth of parts that are affected, the ſymptoms being more or leſs violent, and productive of more or leſs hazard, according as the inflammation has reached to Cowper's glands, the proſtate gland, or to the bladder.

5. That in the cure of Gonorrhœa no advantage is derived from mercury or any remedy acting entirely on the conſtitution. The diſeaſe being local no medicine proves uſeful but ſuch as acts directly upon the parts affected.

6. That where the membrane of the urethra alone is affected, no remedy proves ſo ſucceſsful as aſtringent injections *.

7. That theſe injections, in order to act with ſafety and advantage, muſt be thrown up with much caution, and repeated from ſix

* Vide Numbers 18. and 19. in the Appendix.

ſix to eight or ten times a day, at the commencement of the diſeaſe; leſs frequently as the diſcharge leſſens, and at laſt, in a gradual manner, laid entirely aſide.

8. But although injections of this deſcription may be uſed with ſafety where the membrane of the urethra only is affected, they are never employed but with much riſk of doing harm where the inflammation has reached to Cowper's glands, to the proſtate gland, or to the bladder.

9. That the greateſt attention is therefore required in diſtinguiſhing between the different ſtages of Gonorrhœa; the want of this, having, with ſome practitioners, brought the uſe of injections into diſcredit, when the fault did not lie in the remedy, but in the improper mode of applying it.

10. That in all ſtates of Gonorrhœa, where the inflammation has gone farther than the membrane of the urethra, inſtead

of wiſhing to remove the diſcharge, we ſhould rather endeavour to ſolicit a greater flow of it; the running, in ſuch circumſtances, being only a ſecondary object when compared with the conſequences that enſue from inflammation proceeding to a great height. For the more certain prevention of which, blood-letting, both general and local, are particularly uſeful, on the firſt approach of ſuch ſymptoms as indicate an affection either of the mucous glands of the urethra, the proſtate gland, or bladder.

11. That when, notwithſtanding of blood-letting, a low regimen, and other parts of an antiphlogiſtic courſe, tumours form in Cowper's glands, or in other parts contiguous to the urethra, and when theſe parts actually ſuppurate, the matter ſhould be immediately diſcharged by an inciſion of a ſufficient ſize, and the ſore treated in the uſual way.

12. That

12. That in affections of the proſtate gland, which do not give way to blood-letting, opium is chiefly to be depended on for relieving the irritation and diſtreſs which enſue from them; the pain being often ſo ſevere that no other remedy proves uſeful. That opium, in theſe caſes, proves always moſt effectual when applied directly to the parts affected, in the form of injection; and that extract of hyoſcyamus may be uſed when the coſtiveneſs that uſually reſults from opium, proves hurtful.

13. That when the bladder is affected, opium or hyoſcyamus are in like manner to be uſed for relieving the pain. That uva urſi is the moſt effectual remedy for obviating the diſcharge of viſcid mucus the uſual conſequence of inflammation of the bladder; and that the thickening of the coats of the bladder, which inflammation, from whatever cauſe it ariſes, is apt to induce, has in ſome caſes been removed by a gentle courſe of mercury.

14. And

14. And laſtly, it appears, that the leading ſymptoms of Gonorrhœa are ſo much alike in both ſexes, that the general method of treatment is applicable to both: only that in women, as the ſituation and organization of the parts admit of it, injections may at all periods of the diſeaſe be uſed with more freedom than in men, an inflamed ſtate of the bladder being, in women, almoſt the only circumſtance that can take place in Gonorrhœa to render injections improper.

CHAP.

CHAPTER III.

Of the Conſequences of Gonorrhœa Virulenta.

SECTION I.

General Remarks on the Conſequences of Gonorrhœa Virulenta.

ALTHOUGH the treatment pointed out in the preceding ſections for the cure of Gonorrhœa proves in general ſucceſsful, yet it muſt be admitted, that this does not always happen; that inſtances occur of different ſymptoms proving obſtinate, notwithſtanding a careful and attentive

tentive application of every remedy with which we are acquainted.

The cauſes of this failure I have already endeavoured to explain. In this part of the work I mean to ſpeak of the conſequences of Gonorrhœa, ſome of which are, in moſt inſtances, the effect of miſmanagement, while others enſue after the greateſt care and attention in the conduct of the cure. They are all, however, of a local nature, and not neceſſarily connected with any general diſeaſe of the conſtitution. The following is the order in which I mean to treat of them:

Gleet; ſeminal weakneſs and impotency; ſtrictures in the urethra; abſceſſes and fiſtulæ in perineo; deranged ſenſations in the bladder and urethra; ſwelling of the teſticle; ſwelling of the epidydimis and ſpermatic chord; ſwelling of the lymphatic veſſels of the penis; ſwelling of the glands in the groin; excoriations of the glans and prepuce; phymoſis; paraphymoſis; warts on the glans, prepuce, and labia pudendi. And, laſtly, I ſhall add a few

few obſervations on what may be termed Gonorrhœa Simplex, in which a diſcharge takes place from the urethra, without any infectious matter being applied to it.

SECTION II.

Of Gleets.

WHEN the diſcharge in Gonorrhœa continues obſtinate, after the ſymptoms of inflammation are removed, the diſeaſe is uſually termed a Gleet.

From this definition we might be led to imagine that the import of the term Gleet would be clearly and generally underſtood, and that there could be no riſk of its being miſapplied. This, however, is not the caſe; for the ſymptoms which one practitioner conſiders as Gleet, are by others ſaid to be Gonorrhœa. Some aſſert that Gleet does not take place till the diſcharge

becomes colourleſs, and reſembles mucus; while others are of opinion that Gonorrhœa changes into Gleet before this change of colour is perceived.

All agree in this, that Gleet does not take place ſo long as the diſcharge is capable of communicating infection; but no preciſe marks have yet been diſcovered by which we can judge of this circumſtance with preciſion. When the diſcharge becomes tranſparent and viſcid, like mucus, I believe that no infection will ever enſue from it; but I alſo ſuppoſe, that it is often equally harmleſs long before this change has appeared in it. By the uſe of aſtringent injections, demulcents, and cooling purgatives; and, in ſome caſes, by the lapſe of time alone, the running in Gonorrhœa will loſe its colour, acquire a mucous appearance, and even abate in quantity, and yet it will again become yellow, and appear in larger quantities than at firſt. In ſuch circumſtances the diſcharge may be conſidered as altogether deprived of the power of communicating

infection; at leaſt no inſtance of the contrary has ever occurred to me, and I have reaſon to think, that, in every inſtance it will be found to prove inoffenſive where the inflammation by which it was at firſt induced has been once completely removed, whatever the method of cure may have been by which this was accompliſhed: while, on the contrary, I am convinced, from a variety of facts which I could enumerate, that ſo long as the primary inflammation of Gonorrhœa continues, however long this may be, the diſcharge is equally capable as at the firſt of communicating infection. Admitting, therefore that the running ſhould not be denominated Gleet ſo long as it remains infectious, it is evident that this term ought not to be applied to it, till it has become clear and tranſparent, or till the inflammation by which it was at firſt excited is removed, and of which we can only be certain by the pain having ceaſed which accompanied the inflammatory ſtate of the diſeaſe. The diſcharge in Gonor-

rhœa

rhœa frequently diſappears entirely, and the patient conſiders himſelf, for the ſpace of ſeveral days, nay, in ſome inſtances, for weeks, as completely cured; when, either by violent exertion on horſeback or on foot, by exceſs in drinking, or too early connection with women, the running will again take place, with every mark of a new infection. When the patient, however, is conſcious of not having expoſed himſelf to the riſk of being infected, he may always conſider this renovated diſcharge as of a harmleſs nature, provided the inflammation and pain by which it was at firſt excited had previouſly diſappeared. Among other proofs of this, I might mention, various inſtances of married men, who, from Gonorrhœa contracted in youth, have frequently, during life, from one or other of the cauſes that I have mentioned, experienced frequent returns of this diſcharge, who, in this ſituation, have had frequent connection with their wives, without communicating the diſeaſe. In ſome of theſe

the diſcharge will be abſent for ſeveral weeks, nay, for months together; while in others it has not diſappeared for more than two or three days at once, during the ſpace of twenty years.

On the firſt recurrence of this renovated diſcharge, as I have termed it, it has exactly the appearance of a new infection; but the event ſoon ſhews it to be different. If aſtringent injections are employed, they, for the moſt part, put an immediate ſtop to the diſcharge; and, when left to itſelf, the matter becomes more quickly colourleſs than in recent caſes of Gonorrhœa.

In one inſtance, a gentleman applied to me in a ſtate of great anxiety and diſtreſs, the day after his marriage. He came upwards of twenty miles from the country, with every appearance of a recent clap; which, he aſſured me, had broken out that very morning, although no appearance of an infection, under which he formerly laboured, had been perceived for upwards of three months, nor had he, during

during that period, been expoſed to the riſk of getting a new one. This, in the ſtate of temporary frenzy, under which I found him, led to the diſtreſsful idea of his having been infected during the preceding night, by his newly married wife. I aſſured him that this was impoſſible; for that, independent of the ſurety which he derived from the unblemiſhed character of his wife, no infection could have appeared with ſuch violence in ſuch a ſhort ſpace of time; and on hearing that he formerly laboured under Gleet, I alſo ventured to ſay, that the diſcharge would probably diſappear almoſt as ſuddenly as its approach had been rapid. My prediction proved true. I immediately threw up a vitriolic injection, and cauſed him repeat it three or four times in the courſe of a few hours. By five or ſix o'clock in the afternoon nothing but a ſlight oozing from the urethra was perceptible; I furniſhed him with more of the injection, and he went home perfectly ſatisfied in the evening.

This happened ſeveral years ago, and the ſame appearances have uniformly recurred ſince that period, upon every connection with his wife, but no infection has ever been communicated to her. For a conſiderable time he always had recourſe to the injection on the running taking place, but at laſt, being perfectly convinced of its being harmleſs, he allowed it to go on; ſo that for theſe laſt three or four years, he has ſeldom been free of it for many days together.

But although patients, when long accuſtomed to this diſcharge, come to find that it does not communicate infection, ſtill they can never look upon it with indifference; they all find it troubleſome and diſtreſsful, and are therefore, at times, anxious to have it removed. When, along with this we conſider, that long continued Gleets are apt to lay the foundation of ſome very obſtinate and perplexing diſeaſes of the urethra, it muſt at once appear, that in every inſtance, this ſymptom merits our moſt ſerious attention.

Gleet

Gleet ſeems evidently to ariſe from different cauſes, requiring different modes of treatment: it will therefore be proper to conſider them ſeparately.

1. The moſt frequent variety of Gleet ſucceeds to the firſt ſtage of Gonorrhœa, in which we do not ſuppoſe, that the original inflammation went farther than the urethra itſelf, or the ſmall mucous glands immediately emptying into it.

When the cure of this ſtage of Gonorrhœa is interrupted, either by improper treatment, or by negligence on the part of the patient, and when the diſcharge is thereby allowed to go on for a great length of time, Gleet is thus frequently produced. Aſtringent injections will, for the moſt part indeed, put a ſtop to the running, but the ſlighteſt exceſs very commonly excites a return of it.

This variety of the diſeaſe we conclude to proceed from relaxation and debility in the parts firſt affected, and that the obſtinacy with which it often continues de-

pends upon a farther degree of weakneſs, induced in theſe parts by the longer continuance of the diſcharge; by which it would appear to have a power, if not counteracted, of continuing or propagating itſelf.

By ſome, indeed, this idea of weakneſs or relaxation being capable of producing Gleet, is ridiculed; and as the ſuggeſtion comes from very reſpectable authority I think it right to notice it*.

Mr Hunter obſerves, that by mechanical weakneſs is underſtood the want of power to perform ſome action, or ſuſtain ſome force; by animal weakneſs the ſame; but he cannot underſtand the expreſſion when applied to an animal, performing an uncommon, or an additional action, as ſeems from the quantity of matter diſcharged, to happen in Gleet.

This opinion appears to be founded upon the idea of an increaſed diſcharge being always the conſequence of an increaſed

* Vide Treatiſe on the Venereal Diſeaſe, by John Hunter, p. 100.

ſed action in the veſſels of the part from whence it proceeds; and it originates from his not diſcriminating between general debility, and local relaxation or loſs of tone in a particular part.

Although an increaſed diſcharge in the veſſels of a part would ſeem to imply an increaſed action in theſe veſſels, yet the reverſe of this will, I believe, in moſt inſtances, be found to happen; and that ſuperabundant evacuations proceed, in a great proportion of caſes, from local debility. Loſs of tone in the exhalents, will neceſſarily produce a more copious diſcharge of their contents than will probably happen while their power of retention remains entire. Were theſe veſſels unconnected with the reſt of the ſyſtem this would not take place; but connected as they are with the arterial ſyſtem, while the vis a tergo remains the ſame, any partial debility to which they may be liable, muſt, perhaps univerſally, be attended with a preternatural effuſion of their contents.

There

There is much reaſon to ſuppoſe, from the phenomena of inflammation, that an increaſed action takes place in the veſſels of the part affected: but during the exiſtence of this increaſe of tone, we commonly find, that, in Gonorrhœa, the diſcharge is not ſo large as it afterwards becomes when the ſymptoms of inflammation abate. Nay, it is well known that the diſcharge is apt to ſtop entirely when the parts affected inflame to a greater degree than uſual, and that nothing ſo readily ſolicits a return of it, as the removal of this inflammation by emollient injections.

This is an argument of ſome importance in favour of our opinion, and it is farther confirmed by the nature of many of the remedies that we employ in Gleet; which are either aſtringent, ſtrengthening, or ſtimulating, and other applications of a ſimilar nature, which ſeem to act by exciting an increaſed exertion in the veſſels of the affected parts, by which they

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are enabled to reſiſt the action of the arterial ſyſtem from behind.

I therefore conſider it as clear and decided, that this variety of Gleet proceeds from relaxation and debility of the exhalents of the urethra, and, perhaps alſo, of the excretory ducts of the ſmaller mucous glands of that paſſage.

This opinion of Gleet being connected with debility, may indeed be carried too far, as happens, I believe, daily in common practice. Where Gleet has been of long duration, many imagine that it has either at firſt ariſen from general weakneſs, or that it has tended to excite ſuch a general degree of debility as muſt obſtruct every attempt towards a cure, till this ſtate of the ſyſtem is removed.

Hence patients in this ſituation are with much care and anxiety enjoined the uſe of bark, ſteel, and other tonics, with a view to remove the general debility; while leſs attention is uſually given to the real cauſe of the diſeaſe, the local relaxation of the parts affected.

That

That general weakneſs often takes place in Gleet, and that it may even be induced by a long continuance of the diſcharge, will not be denied; but I have much reaſon to think, that in practice, this idea is often carried farther than it ought to be. This muſt always be the caſe whenever it makes us loſe ſight, as I have obſerved already, of the real origin of the diſeaſe; but there is alſo cauſe to imagine, that in giving additional vigour to the ſyſtem at large, we tend to increaſe the diſcharge by the urethra, unleſs the tone of the parts which have been more particularly weakened be at the ſame time reſtored. The reaſon of this has been explained above, and I have often had proofs of the hurtful tendency of the practice; by which, while the patient, from the effects of ſea-bathing, a full diet, and the uſe of tonics, was daily getting more full in fleſh than he was before, the diſeaſe has evidently been gaining ground, from no particular attention being given to the ſtate

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of the parts from whence the running originated.

In a ſtate of univerſal debility, whether induced by a long continuance of the diſcharge, or by any other cauſe, the moſt powerful remedies ſhould no doubt be employed for it; but what I wiſh to inculcate is, that in common practice we rather do harm by conſidering this general relaxation of the ſyſtem as the firſt object of attention, when, in fact, it often either does not take place at all, or only in ſuch a degree as to render it a matter of very trifling importance, when compared with the local diſeaſe in the urethra.

In a great proportion of caſes of this variety of Gleet, our attention ſhould be chiefly directed to this affection of the urethra; and by experience we find that ſuch remedies are chiefiy to be relied on as act directly upon the ſeat of the diſeaſe.

Various remedies have been employed for this purpoſe, but they may all be comprehended under the two general heads of

aſtringents

aſtringents and ſtimulants; for all that have yet been found uſeful in this deſcription of Gleet, ſeem either to act by their aſtringent properties, or by their power of ſtimulating the parts to which they are applied.

When aſtringent injections have not been employed, they ought, in the firſt place, to get a full trial; for although they do not always prove ſucceſsful, yet they frequently do ſo, and we ſeldom find that any riſk enſues from them, as ſometimes does from thoſe which ſtimulate.

Any of the aſtringent ſolutions for which preſcriptions are given in the Appendix, may be employed; but the vitriolic ſolution, No. 18. is one of the ſafeſt, and very commonly proves the moſt effectual. In the uſe of all aſtringent injections they ought to be thrown up frequently, not leſs than ſix or eight times a day. This I particularly noticed when ſpeaking of injections in Gonorrhœa, and it proves equally proper in this variety of Gleet.

But

But where aſtringent injections have been already employed for the cure of a previous Gonorrhœa, and where there is no doubt of their having received a proper trial, as there would be no cauſe to expect advantage from a farther uſe of them, they ought not to be longer continued.

In that ſtate of the diſeaſe where a plentiful diſcharge takes place, with little or no pain, and where aſtringents have been employed with no advantage, ſtimulating applications are to be chiefly truſted.

The ſtimulants that we employ are of two kinds; acrid ſolutions and mixtures in the form of injections; and bougies: which ever of the two are uſed, it ought to ſtimulate the parts gently to which it is applied, but not in ſuch a degree as to excite much inflammation. Remedies of this claſs prove moſt ſucceſsful where they give only a moderate degree of pain and heat in the urethra; ſuch as is felt in the commencement of the firſt ſtage of Gonorrhœa. We often indeed meet with inſtances of a newly contracted clap carrying

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ing off a Gleet of long duration; and as this is always productive of ſome degree of inflammation, we conclude that the remedies employed in Gleet muſt act in a ſimilar manner, by gently ſtimulating and exciting the parts to inflame in ſuch a degree as experience ſhews to prove uſeful. To excite violent pain would at all times be improper, as the inflammation which this would induce might occaſionally go too far. Much harm, indeed, has been done by want of attention to this circumſtance. A ſwelled teſticle is not an uncommon effect of it; and I have known the inflammation proceed to the proſtate gland and bladder.

This, however, may in almoſt every inſtance be prevented, by due attention to the ſtrength of the injection; nor can it ever occur but from ſome very unuſual peculiarity in the ſtate of the parts, or from great inattention on the part of the practitioner. Although none can go more fully into the uſe of injections than I have done for a long time paſt, I have not met with

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more than two or three inſtances of ſwelling of the teſtes being ever induced by them: I rather, indeed, think that a proper uſe of injections tends to prevent ſuch frequent recurrences of this ſymptom as would otherwiſe happen. It has not at leaſt been nearly ſo frequent, in the courſe of my experience, ſince I truſted almoſt entirely to injections for the cure of Gonorrhœa, as it was before, and I conclude that in this reſpect they act entirely by cutting ſhort the duration of the diſcharge, which in a moſt obvious manner they do, and by which they muſt with much certainty leſſen the chance of attack of all ſymptoms connected with the diſeaſe, ſwellings of the teſtes as well as others.

In the uſe of injections, however, much circumſpection is neceſſary; for if they be not of a ſtrength ſufficient to excite ſome degree of irritation, little or no advantage enſues from them, while much harm might be done by having them too ſtrong. In the formulæ annexed to this they are of a proper ſtrength for a great proportion of

caſes; and as an additional ſtrength can be eaſily given when on trial they are found to be too weak, they ſhould not perhaps in any inſtance be ſtronger on their firſt application.

One of the beſt injections that I have employed in Gleet, is a weak ſolution of muriated corroſive mercury in water*. That is, in the proportion of an eight part of a grain of the mercury to an ounce of water, which is as ſtrong as it ought ever to be at firſt; although ſome in a gradual manner come to bear it in the quantity of half a grain to the ounce. I know that ſome have adviſed it of a ſtill greater ſtrength, even to the extent of a grain of mercury to the ounce of water; but although I am in the daily practice of uſing it, I have met with none who could bear it of this ſtrength. I therefore ſuſpect that thoſe who adviſed it have never been in the practice of uſing it.

I have taken the more particular notice of this, as ſeveral inſtances have fallen within

* Vide Appendix, No. 24.

within my obſervation, of very pernicious conſequences from injections containing too great a proportion of corroſive mercury, while no inconveniency enſues from them when not ſtronger than thoſe I have pointed out.

Where a ſolution of corroſive mercury by itſelf has failed, I have known the addition of ſaccharum ſaturni prove uſeful*; and in ſome very irritable patients, in whom even the ſmalleſt quantity of the mercury has given much pain, an addition of mucilage has enabled them to bear it. Of this a formula is given in the Appendix †.

A ſolution of ſal ammoniac ‡ proves ſometimes effectual in this ſtate of Gleet. The volatile alkali, ſuch as aqua ammoniæ, or ſpiritus ſalis ammoniaci, properly diluted, make likewiſe uſeful injections for this purpoſe, as in formulæ, No. 28. and 29.; and verdigriſe, diſſolved either in oil or in ſpirit of ſal ammoniac, afford alſo a very effectual form of injection for the

* Vide Appendix, No. 25. † No. 26. ‡ No. 27

ſame purpoſe: formulæ of theſe laſt are given in Nos. 30. and 31.; and in ſome inſtances tincture of catharides, properly diluted, as in No. 32. has been found to anſwer.

Beſides the circumſtance of aſcertaining the proper ſtrength of theſe injections, a good deal of addreſs is required in applying them. They muſt not be employed either ſo long or ſo frequently as aſtringent injections: From theſe no harm can enſue, however frequently they may be applied; but ſtimulating injections ſhould not be continued longer than merely to excite ſome degree of irritation in the parts affected.

This being accompliſhed, a few days ſhould elapſe before any other remedy is employed; for it ſometimes happens that the running will ſtop after theſe ſtimulating injections are laid aſide, although, during the uſe of them, it appeared to be increaſed. But when, after an interval of three or four days, this does not take place, aſtringent injections ſhould be employed

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in the manner already pointed out for the firſt ſtage of Gonorrhœa.

Even theſe will not always ſucceed; for we frequently find that although the running may diſappear for a few days, that it will return again and again, and with equal violence as at firſt.

In ſuch circumſtances, the ſtimulating injections ſhould again be renewed, and the inflammation excited in a greater degree than before; for I have commonly found that this may be done with more ſafety in the ſubſequent application of theſe injections; and in the more advanced ſtages of Gleet, the higher the degree of inflammation that can with ſafety be excited, the more certain we are of its proving ſucceſsful.

When injections do not ſucceed, a proper application of bougies will ſometimes anſwer. By irritating the urethra, bougies act nearly in the ſame manner with ſtimulating injections: in ſome inſtances they have appeared to prove more effectual than injections, perhaps from the ſupport that

they give to parts which have been deprived of their tone. This, however, does not happen with much certainty; insomuch that I always give the preference to injections in the first instance, as being less formidable in the application to those who have not been accumstomed to the use of bougies.

Bougies composed of the most simple materials, commonly answer all that we expect from this kind of remedy; but when these fail in exciting a sufficient degree of inflammation, they are easily made more active by dipping them in oil of turpentine, in a thin liniment of wax and oil with a small proportion of red precipitate, or in common basilicon reduced with oil of turpentine, to the consistence of a liniment.

I have no reason to think that mercurials act in the cure of Gleet as specifics; but the stimulus which mercurial ointment gives to the urethra, when applied upon bougies, proves often as effectual as that of any other irritating substance. It is proper, however, to observe, that ointments

ments uſed for this purpoſe ſhould be ſtrongly impregnated with mercury: there ſhould not be leſs than equal parts of quick-ſilver and hog's-lard; and I have ſometimes thought that mercury extinguiſhed by triturating with honey, acts more certainly as a ſtimulant than it uſually does with any unctuous ſubſtance.

If the conſtitution is much debilitated, while this application of remedies to the diſeaſed parts is going on, a nouriſhing, invigorating diet ſhould be adviſed. Animal food, together with a moderate portion of red wine ſhould be allowed daily; and in ſuch circumſtances bark may with propriety be exhibited as a tonic: but for the reaſons that I have given, there is much cauſe to think that the general practice of giving bark, ſteel, and other tonics, in all caſes of this kind, is by no means well founded, and in many inſtances that it does harm.

Some of the ſtimulating aſtringent balſams, given internally, frequently prove uſeful here; probably from their ten-

dency to ſtimulate in a more particular manner the organs of urine. Balſamum copaiba is chiefly uſed for this purpoſe, but Canada balſam, and all the turpentines, may be employed with perhaps equal advantage. Fifteen or twenty drops of any of theſe may be given three or four times a-day.

A cautious uſe of cantharides has alſo proved ſerviceable in this variety of Gleet. Ten drops of the tincture may be given two or three times a-day.

But, although ſome advantage may be derived from all of theſe remedies when employed along with local ſtimulants, yet no dependence is otherwiſe to be placed on them. This, it may be ſaid, renders the advantages that are ſaid to ariſe from them both doubtful and equivocal; but in different caſes I think I have evidently derived greater benefit from a combination of the two ſets of remedies, than we uſually do from the ſeparate uſe of either of them.

Cold

Cold bathing is a remedy commonly adviſed in Gleets, and where the conſtitution is much debilitated, it ſeldom fails to prove uſeful; otherwiſe no advantage accrues from it, if it be not from the local application of cold to the parts chiefly affected. In this view, the daily effuſion of cold water upon the penis, and bathing the perineum, is ſometimes adviſed with advantage.

2. The next moſt frequent variety of Gleet ſucceeds to the ſecond ſtage of Gonorrhœa. After all the ſymptoms excited by the actual preſence of inflammation have ſubſided, this variety of the diſeaſe is very apt to terminate in Gleet.

In the third ſection of the laſt chapter I endeavoured to ſhew, that in this ſtage of Gonorrhœa, Cowper's glands are chiefly affected, and that they afford a great proportion of all the matter that is diſcharged. Any inflammation which takes place along with this in the membrane of the urethra, is, for the moſt part, eaſily removed;

removed; ſo that the Gleet, which often ſucceeds, proceeds either altogether, or nearly ſo, from the cavities of theſe glands.

Gleet, proceeding from this cauſe, is, for the moſt part, eaſily diſtinguiſhed from that which I have deſcribed as the firſt or moſt frequent variety of the diſeaſe. In this laſt the matter uſually proceeds from within an inch, or little more, of the glans; or when parts farther back are affected, the diſcharge may be eaſily forced off from them by very gentle preſſure upon the perineum: but, in the other, the matter is in every inſtance found to proceed from the upper part of the urethra; a greater degree of preſſure upon the parts is neceſſary to force it out; and ſome degree of fullneſs, accompanied with irritation, and even with pain, is experienced on the perineum being compreſſed for this purpoſe.

We are alſo aſſiſted in the diagnoſis by the hiſtory of the preceding Gonorrhœa; for it will uniformly appear that the firſt

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variety of Gleet has ſucceeded to the firſt ſtage of Gonorrhœa, and that the ſecond ſtage of Gonorrhœa has given riſe to that which we are now conſidering.

In the treatment of Gleet it is of importance to have this difference aſcertained, for the remedies which commonly prove ſucceſsful in the one, are uſed in the other, either without any advantage, or even with evident proofs of doing harm. Thus, although in the firſt variety of Gleet we depend ſo much upon ſtimulating injections, that a cure can ſeldom be obtained without them; in the other, where the larger glands of the urethra are affected, theſe injections render every ſymptom worſe than it was before. At leaſt this always happens where the injection is of ſuch a ſtrength as to excite pain and inflammation; and if weaker than this, it may be uſed for an indefinite length of time without any effect. The glands opening into the urethra being here the ſeat of the diſeaſe, aſtringent injections, applied as I have elſewhere obſerved, to

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their excretory ducts, may produce a temporary ſtoppage of the diſcharge; but, as they do not reach the cavities of the glands, they cannot be ſuppoſed to produce any permanent advantage. While, again, when an injection of ſuch a ſtrength is employed as to excite inflammation upon the ends of theſe ducts, it is apt to produce ſwelling in the glands themſelves, which at laſt commonly terminates in ſuppuration, to the great diſtreſs and diſappointment both of the patient and practitioner.

Hence whenever it is with certainty known that a Gleet is of this deſcription, injections ſhould be no longer employed; or when, for the ſatisfaction of patients, a farther trial of injections become neceſſary, ſuch preparations only ſhould be uſed as are ſlightly aſtringent.

In ſuch circumſtances, bougies, and bliſters to the perineum, are the moſt effectual remedies that I have employed. The bougies ſhould be of the mildeſt kind, ſuch as ſtimulate the parts gently, without exciting

exciting inflammation. By this, and by the ſupport which from their ſize and form they afford to the weakened parts, they often prove uſeful; and even when they ſtimulate more than we either may have wiſhed or expected, they do not ſo readily do harm as injections; for the inflammation which bougies in this ſituation excite is always accompanied with a copious diſcharge of matter, by which the inconvenience that might otherwiſe enſue from them is prevented.

Bougies, for every purpoſe, ſhould be as large as the capacity of the urethra will admit; but a full ſized bougie is ſtill more neceſſary in this variety of Gleet than in ſome other ſymptoms of the diſeaſe; for it is chiefly by their ſize that they prove uſeful in the cure.

In a great proportion of caſes it appears, in the courſe of a few days, whether bougies are to prove uſeful or not; but no permanent benefit ever enſues from them if they be not continued for a conſiderable time. When the diſeaſe has been

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of long duration, the bougies ſhould be applied for the ſpace of ten or twelve weeks, and not even then deſiſted from if the cure be not confirmed. It is proper, however, to obſerve, after bougies have been uſed without interruption for three or four weeks together, that they ſhould from time to time be laid aſide, that the effects which they produce may be diſcovered; for while they are daily introduced we cannot with certainty know whether the diſcharge which takes place is the effect of the diſeaſe, or of the irritation which the bougies excite, as they can never be applied for any length of time together, not even to a ſound urethra, without being found covered with matter, or with mucus in the form of matter, on their being withdrawn.

When bougies fail, a bliſter applied over the whole perineum ſometimes proves uſeful. Whether it is by ſtimulating the parts affected that bliſters act in the removal of Gleet, or by the diſcharge which they excite from the ſurface, is uncertain; for in

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ſome an evident advantage enſues upon their firſt application, and before any quantity of diſcharge can have occurred; while in others no effect is obſerved to reſult from them till the ſecond, third, or perhaps, fourth bliſter, has been applied. In a few inſtances, ſome advantage has appeared to enſue from a ſmall portion of the bliſtered part being kept open with epiſpaſtic ointment; from which I was induced, in two caſes of much obſtinacy, to adviſe the introduction of a ſmall ſeton on one ſide of the perineum; but although this ſeemed likewiſe to leſſen the diſcharge, the advantage derived from it was neither ſo great nor ſo obvious as to compenſate the inconvenience ariſing from the diſagreeable nature of the remedy.

Where this variety of Gleet proves obſtinate, ſcrophula is often diſcovered as the cauſe of it. If ſcrophula has not already appeared in a more evident form in other parts of the body, it often happens that the glands of the neck, and other ſuſpicious parts, are found to be tumefied,

and

and that the complexion of the patient, which is commonly delicate, gives much cauſe to conclude that the ſyſtem is not free of it.

In ſuch circumſtances, all the remedies uſually employed in ſcrophula are adviſed. Bark and hemlock ſometimes prove uſeful; but no remedy that has yet been employed acts with equal utility as ſea-bathing.

In enumerating the different varieties of Gleet, I have proceeded in the order in which they moſt frequently appear. The next of which I ſhall take notice proceeds from ſtrictures in the urethra.

In an enſuing ſection I ſhall find it neceſſary to enter more minutely upon the conſideration of venereal ſtrictures in the urethra: at preſent, therefore, it ſeems only neceſſary to ſay, that they are to be conſidered as a very frequent cauſe of Gleet. The ſpongy ſurface of the urethra, the ſubſtance in which theſe ſtrictures are ſeated, is very apt to become tender and excoriated.

excoriated. A ſlight degree of ulceration thus takes place, which continues to give out matter while any degree of the ſtricture remains; and where the extent of the diſeaſe is conſiderable, this of itſelf would afford a very copious diſcharge; but beſides this, the remora which every ſtricture occaſions, of urine and mucus between the part in which the ſtricture is ſeated and the bladder, acts as a very powerful cauſe of irritation, and in this manner renders the diſcharge more abundant than we almoſt ever find it to be, in Gleet proceeding from any other cauſe.

Where ſtrictures are not ſuſpected as the cauſe of Gleet, as often happens where the obſtruction to the flow of urine is not conſiderable, the patient as well as the ſurgeon is apt to be deceived, and to proceed daily with the plan of effecting a cure by injections, balſam of copaiba, and other aſtringents. None of theſe remedies, however, have any influence, and the diſcharge, after many years continuance, is found to be nearly in the ſame ſtate, or

perhaps worſe, than it was at firſt. Of this every practitioner muſt have met with inſtances, and they always prove the ſource of much perplexity and embarraſſment.

Whenever Gleet, therefore, reſiſts the uſual remedies, and is thus particularly obſtinate, it ſhould be our firſt object to aſcertain the real ſtate of the urethra, and to learn whether ſtrictures exiſt in it or not. In ſome caſes this will at once be known from the ſtate of ſymptoms obtained from the patient, as well as from external preſſure upon the urethra from the point of the penis to the fundament. This, however, will only happen in the more ſevere degrees of the diſeaſe. Where the obſtruction is ſlight, it may, as I have already obſerved, paſs unnoticed; ſo that in all ſuch circumſtances, and eſpecially where there is any cauſe for doubt, the paſſage ſhould be examined with a bougie, by which alone any certainty upon this point can be obtained.

When

When the exiſtence of ſtricture is diſcovered, all other remedies ſhould be laid aſide, and the cure truſted to bougies. Hereafter I ſhall have occaſion to ſpeak more particularly of bougies; at preſent it is only neceſſary to ſay, that they are the only remedy upon which we can depend for the removal of ſtrictures, and that they very commonly prove effectual when perſiſted in for a due length of time.

When the diſcharge proceeds entirely from ſtrictures, it will, for the moſt part, ſoon ſubſide on theſe being removed; but when it continues more than a few days after the bougies are withdrawn, it becomes proper to employ aſtringent injections in order to carry it off. Lime-water anſwers well: for this particular purpoſe, indeed, it anſwers better than any other form of injection that I have uſed, but it requires to be diluted with an equal quantity of common water.

4. The laſt variety of Gleet which I have to notice proceeds from a ſwelled ſtate of the proſtate gland, and ſucceeds, as we have already had occaſion to ſee, to the third ſtage of Gonorrhœa Virulenta.

In treating of Gonorrhœa the ſymptoms were enumerated by which affections of the proſtate gland may be diſcovered; but we have no certain means of knowing to what extent this gland may be ſwelled but by examination with the finger in ano.

Beſides the inconveniency ariſing from the diſcharge itſelf, in common to this and every variety of Gleet, there is for the moſt part a good deal of uneaſineſs, and even pain, produced by the ſwelling of this gland; which excites alſo a more frequent deſire to paſs water than any other variety of the diſeaſe, together with a ſenſation of heat and fulneſs over the whole parts contiguous to the anus. The teneſmus with which it is often accompanied is alſo a very diſtreſsful ſymptom.

Gleet, proceeding from this cauſe, is ſometimes combined with other varieties of the diſeaſe, particularly with that which was laſt deſcribed. In this caſe the diſcharge has moſt frequently the appearance of being a mixture of pus and mucus; but when it proceeds entirely from a diſeaſed ſtate of the proſtate gland, it is thinner than purulent matter, and, although ſometimes tinged, of a pale, or yellow colour, it is more frequently of the conſiſtence and colour of mucus.—This makes it often be miſtaken by the patient for a diſcharge of ſemen.

No injections are of any utility in this variety of Gleet; nor is any advantage derived from bougies. On the contrary, they are both apt to do harm, particularly a perſeverance in the uſe of them; a practice which thoſe not accuſtomed to this branch of buſineſs are very apt to fall into. Swellings of this gland are very commonly attended with ſome degree of obſtruction to the paſſage of urine, and when this is miſtaken for ſtrictures, as often

happens, bougies are immediately adviſed in order to remove it. For the moſt part, however, they excite much irritation in the gland itſelf, as well as an increaſe both of the pain and of the diſcharge.

Opiates are the remedies upon which our chief dependence ſhould be placed. By allaying irritation, they not only keep the patient free from pain, but in doing ſo they tend more than any other remedy to leſſen the diſcharge. It muſt, however, be acknowledged, that they act chiefly as palliatives; but even the mere prevention of pain is a point of no ſmall importance in a diſeaſe which otherwiſe is apt to render the patient miſerable. In ſpeaking of affections of this gland in the third ſtage of Gonorrhœa, I adviſed opiates to be uſed in clyſters, inſtead of being taken by the mouth. They do not, in this form, ſo readily induce ſickneſs, and they uſually prove more effectual in relieving pain.

In ſeveral inſtances, where no great advantage has been derived from all the

quantity

quantity of laudanum that durſt be given by the mouth, patients have been kept eaſy by a grain or two of opium diſſolved in a ſmall quantity of mucilage, and thrown, from time to time, into the rectum.

Where this diſeaſe of the proſtate occurs in ſcrophula, an occurrence by no means uncommon, hyoſcyamus, cicuta, and ſea-bathing, are the remedies uſually employed; and although they ſeldom accompliſh a cure where the gland is much ſwelled, yet they frequently afford relief; and ſlighter degrees of the diſeaſe have, in ſome inſtances, been removed by them.

In the uſe of hyoſcyamus, I think it right to obſerve, that it is commonly given in too ſmall doſes. Inſtead of giving a grain only or ſo of the extract at firſt, and increaſing the doſe ſlowly, it may, to an adult, be given to the quantity of ſix or eight grains two or three times a-day, and increaſed to twelve, fifteen, or even twenty grains for each doſe.

Some practitioners, as I have already had occaſion to remark, give mercury in every variety of Gleet, but I have never known any advantage derived from it, and where the proſtate gland is diſeaſed it very commonly does harm.

As I have mentioned above, that in Gleet proceeding from ſtrictures in the urethra, a ſlight degree of ulceration ſometimes takes place, it may be imagined that mercury ſhould in ſuch inſtances prove uſeful, from its well known powers of healing venereal ulcers. It is not, however, found to promote the cure of theſe ulcerations; a circumſtance that may be conſidered as a farther proof of the difference between Gonorrhœa Virulenta and Lues Venerea; for if ulcers of this deſcription were induced by the matter of Lues Venerea, mercury would ſeldom fail in curing them, while no other remedy would ever prove ſucceſsful. But, inſtead of this, I have repeatedly found, that no advantage is derived from mercury in the treatment of this ſymptom; while bougies,

gies, when properly managed, very commonly prove effectual.

What I have hitherto ſaid upon the ſubject of Gleet relates chiefly to the diſeaſe as it occurs in men, Gleet being in them both more frequent, and of much more difficult treatment than it uſually is in women.

We often meet with it, however, in women: but it is here proper to remark, that Gleet is equally difficult to diſtinguiſh from fluor albus, as in a former ſection I have obſerved it to be with regard to Gonorrhœa. Referring to what was then ſaid upon the means of diſtinguiſhing between Gonorrhœa and Gleet, I ſhall at preſent proceed ſhortly to obſerve, that in women we depend entirely for the cure of Gleet upon a proper perſeverance in the uſe of injections. When after a due continuance of ſuch as we conceive to be aſtringent *, if the diſcharge ſtill continues, thoſe ſhould be employed which appear to act by ſtimulating the parts to which

* Vide Appendix, Nos. 18, 19, and 20.

which they are applied, particularly, Nos. 24. and 25.

When the diſeaſe is ſeated in the vagina, as is generally the caſe, theſe injections may be thrown up with freedom; but when the diſcharge proceeds from the urethra, they ought, on account of the contiguity of the bladder, as I had occaſion to remark in a former ſection, to be thrown up with much caution.

In women I have ſometimes found that a Gleet has ariſen from ulceration within the verge of the vagina. In ſuch inſtances injections have little or no influence; and as ſores of this deſcription are commonly connected with Lues Venerea, they can only be cured by a courſe of mercury.

It is proper, however, to remark, that women are liable, as men are, to excoriations from the acrimonious nature of the matter of Gonorrhœa. A diſcharge of matter from this cauſe will be moſt readily cured by aſtringent injections; or

bathing

bathing the parts with lime-water, or a ſaturnine ſolution.

I have never met with the real venereal ſtricture in women. Excreſſences form in the urethra of females from other cauſes; but ſtricture from Gonorrhœa muſt neceſſarily, in this ſex, be a rare occurrence. If it ever takes place, bougies muſt here, as in men, be depended upon for a cure.

SECTION III.

Of Impotency from Seminal Weakneſs.

WHAT is here meant by impotency, is a deprivation of the power of propagating the ſpecies.

This may proceed from various cauſes; but it is that variety of the diſeaſe only which is uſually ſuppoſed to ariſe from weakneſs in the ſeminal veſſels that we are now to conſider.

Impotency

Impotency is an occurrence, which, in young people, either in reality or idea, takes place daily; and as it proves at all times a ſource of much anxiety and diſtreſs, it neceſſarily becomes a frequent object of attention to practitioners. A degree of debility inducing want of retention in the ſeminal veſſels is, no doubt, ſometimes met with; but the ſtrong deſire which Nature has wiſely implanted in all men to be complete and entire, in whatever relates to the propagation of his ſpecies, is often, in early youth, the cauſe of much ill-founded ſuſpicion on this point, and of circumſtances reſpecting it being conſidered as real which never took place.

Thus there is nothing more common than for young people to ſuppoſe that they are weak and debilitated, on perceiving an oozing of mucus from the urethra, or a diſcharge of ſemen when at ſtool. The firſt, however, is natural to many when in full health, and where no ſuſpicion of weakneſs exiſts; and the latter, or a diſ-

charge

charge of ſemen, is at all times a frequent conſequence of hardened fœces compreſſing the veſiculæ ſeminales, when theſe veſſels are full of ſemen. But ſuſpicion on this point being once awake, it is often difficult, and ſometimes impoſſible, to remove it; inſomuch that many have been rendered miſerable by this alone, where no veſtige of diſeaſe could be traced.

It is conſidered by many as one of the moſt certain proofs of weakneſs in the ſeminal veſſels, when a diſcharge of ſemen inſtantly ſucceeds to an erection, or, perhaps, to an imperfect degree of it. But this may alſo happen from a ſtate of over-excitement in the other parts of generation, and I alſo believe that it often occurs from the ſeminal fluid being collected in too great quantity in the veſiculæ ſeminales. I have reaſon indeed to imagine, as will appear in the ſequel, that this is the moſt frequent cauſe of all ſuch affections.

It may be ſaid, that if the diſeaſe exiſts, and the patient is rendered completely impotent,

impotent, that the cauſe of his being ſo is a point of little importance. It will appear, however, that this is by no means the caſe; for while real impotency, is in a great proportion of caſes to be conſidered as incurable, we have it in our power, perhaps, in moſt inſtances of approach to this ſtate, to accompliſh a cure.

In the laſt ſection we have ſeen that Gleet proceeds at one time from an affection of the glands in other parts of the urethra, but in ſome caſes that it ariſes from a ſwelling of the proſtate. When this exiſts for any length of time, we find that not only the duct of the proſtate gland becomes weak and relaxed, but that a loſs of tone takes place in ſome of the contiguous parts, particularly in the excretory ducts of the veſiculæ ſeminales; inſomuch, that a great proportion of all who have long laboured under Gleet from affections of this gland, have likewiſe been liable, in ſome degree, to ſeminal weakneſs. It is well known that long continued Gleets are ſometimes the cauſe of

Impotency.

Impotency. For the moſt part, it is ſuppoſed, that this happens from the general debility which they induce. In ſome inſtances this may be the caſe; but I have much reaſon to think that they act much more frequently by inducing a local weakneſs only in the parts deſtined for the reception of the ſemen. This I conclude to be the caſe from this kind of debility taking place where there is no appearance whatever of general weakneſs, for inſtances often occur in conſtitutions apparently firm and healthy, of ſuch degrees of weakneſs in the ſeminal organs, that emiſſions take place, not merely from partial erections and laſcivious ideas, but from the ordinary friction applied to the penis in riding and walking; and, in ſome inſtances, from the effect of heat alone, whether excited by wine, exerciſe, or ſitting near a fire.

Thoſe who have ſuffered much from frequent returns of Gonorrhœa, and particularly from Gleet, are very apt to be diſtreſſed with a diſcharge of ſemen on the

the ſlighteſt application of any of the cauſes that I have enumerated.

The local weakneſs thus induced in theſe parts by Gleet ſeems very much to reſemble the effects of Onaniſm; a habit ſo baneful to many of our youth, that I believe it to be more deſtructive in its effects than a great proportion of all the diſeaſes to which in early life they are liable. Were it to prove hurtful to thoſe only whoſe ſelf-indulgence gives riſe to it, there would be leſs cauſe to regret the effects of it; but, beſides rendering the parent himſelf miſerable, it evidently entails the ſevereſt diſtreſs upon poſterity, by generating languor, debility, and diſeaſe, inſtead of that ſtrength of conſtitution without which there can be no enjoyment.

Some, I know, have entertained a different opinion upon this point, and imagine, that no bad effects are to be dreaded from the habit to which I allude *.

But

* Vide Treatiſe on the Venereal Diſeaſe, by John Hunter, chap. xii.

But this is ſo directly contrary to the experience of others, and I have met with ſo many inſtances of conſtitutions being irretrievably ruined by this kind of indulgence, that I cannot avoid, in the ſtrongeſt manner, to ſay what I think of it: nor does it appear that any benefit could reſult to ſociety from a contrary opinion being admitted, even allowing it to be well founded; for although no immediate harm might enſue from it to the conſtitution, it ought to be diſcouraged as unnatural, and as tending to divert the attention from an enjoyment of a ſuperior kind. While, therefore, there is much cauſe to conſider the practice as highly dangerous to all who follow it, and while ſuch a propenſity prevails towards it in that early age when boys cannot form a judgment of its hurtful tendency, I conſider it as incumbent on thoſe who write upon it to paint the baneful effects which reſult from it in their true and proper colours.

In the treatment of this variety of Impotency, whether it has been induced by Onaniſm, or whether it be the conſequence of Gleet, it becomes proper to diſtinguiſh it into two ſtages. The one, ſo far as I have ever ſeen, is of a nature that does not admit of a remedy; while the other may, in moſt inſtances, be completely cured. Many conſider it ſo certainly as incurable that the patient is led to deſpair from the firſt approach of it, and the opinion is often unfortunately realized merely from the cauſe that I have mentioned, our not diſtinguiſhing the two ſtages of the diſeaſe, and allowing that which I ſuppoſe may be eaſily removed, to proceed without any attempt for this purpoſe, to that ſtate of it, which, in moſt inſtances, may be conſidered as incurable.

Practitioners are frequently applied to by young men labouring under what I ſhall term the firſt ſtage of Gleet; who, finding that a ſeminal diſcharge takes place from the ſlighteſt cauſes, perhaps merely

merely from their being in company with women; from laſcivious dreams; or from the parts of generation being in any degree overheated, begin to be afraid that they ſhall never again have the power of retention, and conclude therefore that they cannot with propriety enter into a matrimonial connection. We often find that they admit Onaniſm to have been the primary cauſe of their diſtreſs, although, for a great length of time, perhaps for a number of years, they aſſert, and with no reaſon on our part to doubt them, that they have left it entirely off.

In this ſituation, whatever may be the appearance and habit of body of the patient, ſtrengthening aſtringent remedies are preſcribed; ſuch as bark, ſteel, balſam of copaiba, and cold bathing; and whatever are his views, he is adviſed to avoid matrimony and all venereal intercourſes.

In a great proportion of caſes, however, I am convinced that both the practice and advice are erroneous. Following the bulk

of practitioners, I easily adopted them; but no good resulting from either I have long relinquished them both, and I have seldom failed of success by advising measures of an opposite nature.

In a great proportion of all who are injured by this pernicious habit, a morbid irritability of the organs of generation seems to be excited. By this a greater quantity of the seminal fluid is secreted than the vesiculæ seminales can retain: in consequence of which, it either bursts out during nocturnal dreams, or it is easily excited to flow by the application of any of the causes that I have mentioned.

Even after the habit has been long left off I have known the effects of it continue in a very distressful degree, and I conclude that they proceed chiefly from too plentiful a secretion of semen, from the nature of the remedy which in most instances I have found to succeed.

Instead of advising abstinence from women, I always inculcate as frequent connection as natural desires may point out;

and

and when matrimony is in view, inſtead of being afraid of it, as often happens with this claſs of patients, from a fear of their not being able to perform the functions of it properly, I uniformly hold it forth as the moſt certain remedy.

The idea of inability prevails ſo ſtrongly with many, that they are with difficulty perſuaded to make the attempt; but the effects of it are ſo certain, that with patients in the circumſtances that we are now conſidering, it may always be adviſed with confidence. Nor is the aſſiſtance of other remedies required in this plan of cure: at leaſt in various inſtances, patients, who, for many years together had been almoſt conſtantly taking ſuch remedies as they ſuppoſed would invigorate, but without any advantage, and who therefore were induced to conſider their complaints as incurable, have, on laying theſe remedies aſide, become completely and entirely well in the ſpace of a few weeks after marriage. The irritability of the organs was thus diminiſhed; the

morbid increaſe of the ſecretion was removed; and the ſeminal receptacles, not being over diſtended, were ſoon found to be endowed with a ſufficient degree of retention.

This being a very frequent variety of the diſeaſe, I am thereby enabled to ſpeak of it, and of the remedies employed in it, with ſome degree of certainty; and I can with confidence ſay, that none of thoſe commonly adviſed, have ever, in the courſe of my obſervation, had any obvious influence; while the plan that I have pointed out very generally ſurpaſſes in its effects even the moſt ſanguine hopes of the patient.

When a ſwelled ſtate of the proſtate gland is connected, as it ſometimes is, with this variety of the diſeaſe, it neceſſarily renders the event more doubtful, and the effect, even of this and every other remedy, more uncertain. But even here the courſe that I have adviſed will ſometimes prove ſucceſsful. If the gland is really diſeaſed, it will not remove this

diſeaſe;

diſeaſe; but I have, in more than one inſtance, found, even in this ſituation, that it proves equally effectual in removing the other, as if the gland was entirely ſound; and this obviates one of the greateſt ſources of miſery to the patient.

It may be ſaid, that while this, or any other variety of Gleet exiſts, the remedy that I have pointed out cannot with propriety be adviſed, from the riſk of communicating infection. We know, however, that real Gleet does not communicate infection. Many inſtances have fallen within my own obſervation, and others muſt often meet with it, of this being clearly the caſe. I know, at this time, ſeveral inſtances of men, married for many years, who, during the whole period, have laboured under different varieties of Gleet, and who have never given the diſeaſe either to their wives or children. Gleet in men ſeems to be equally incapable with fluor albus in women to communicate infection.

In that ſtage of the diſeaſe which we have juſt been conſidering, a cure may, perhaps, in every inſtance, be accompliſhed. But when it has been of ſuch duration as to form what may more properly be termed ſeminal weakneſs, and what I ſhall term the ſecond ſtage of the diſeaſe, a very different proſpect preſents itſelf. Even in very advanced periods of the diſeaſe, the patient may derive advantage from a well regulated diet, and due attention to other parts of regimen, by which he will be rendered much more comfortable than otherwiſe he could be; but in this ſituation, a complete removal of the diſeaſe is not to be looked for: at leaſt little dependence is to be placed upon the remedies uſually employed for this purpoſe.

This very diſtreſsful ſtage of ſeminal weakneſs is often the conſequence of Onaniſm long perſiſted in; and it is, as I have remarked, the frequent effect of Gonorrhœa and Gleet. In all ſuch caſes, the diſeaſe ſeems to proceed from real

weakneſs

weakneſs or debility in the excretory ducts of the veſiculæ ſeminales; for it commonly happens where the whole ſyſtem is much relaxed and emaciated; where there is therefore no cauſe to imagine that it can ariſe from too plentiful a formation of ſemen; and of which, indeed, we often meet with a very deciſive proof, from a conſtant oozing of mucus being perceived in the urethra, while no ordinary cauſe of excitement is capable of producing any regular diſcharge or emiſſion of ſemen.

In this ſituation, a variety of remedies are employed, chiefly with a view to reſtore and invigorate the tone of the weakened parts; ſuch as bark, ſteel, balſum of copaiba, and cold bathing. At other times, where the diſeaſe is ſuppoſed to proceed from a deficiency of ſemen, provocatives are preſcribed; ſuch as high ſeaſoned foods, all the terebinthenate balſams, and cantharides. But although I have had many opportunities of obſerving a complete trial of theſe, I have ſeldom known any advantage

vantage derived from them. The courſe, which in ſuch circumſtances I have known prove moſt frequently uſeful, was ſuch as merely tended to reſtore the patient to his uſual ſtate of health. If Onaniſm has induced the diſeaſe, nothing will afford even the chance of a recovery till this is left off. Whatever may have been the cauſe of it, he ought to be put upon a nouriſhing diet; and he ſhould live in an elevated, dry ſituation. Sea-bathing ſhould be adviſed; and coſtiveneſs, with every thing that might tend to irritate the parts chiefly affected, ſhould be avoided.

With a view to leſſen that degree of irritability with which this diſeaſe is uſually connected, opiates have been adviſed; but although I have often given them a full trial, I never knew any real advantage obtained from them. On the contrary, they have often appeared to do harm; for although they procure reſt, yet the ſleep which they give is always diſturbed; the patient awakes in a ſtate

of

of more anxiety and diſtreſs than he experienced on going to bed; and when opiates are habitually uſed, coſtiveneſs can ſcarcely be prevented, but by means of remedies which in this ſituation ought not to be given.

Hemlock is often uſed here, but I have never known any obvious advantage derived from it. Hyoſcyamus, by acting as an anodyne, while it does not produce coſtiveneſs, has in different inſtances appeared to prove ſerviceable. Six or ſeven grains of the extract may be given at firſt, and the doſe increaſed in a gradual manner to ten, fifteen, or twenty.

Conceiving, from ſome circumſtances connected with the diſeaſe, as well as from many of the ſymptoms which enſue from it, that it may in ſome inſtances be of the ſame nature with paralyſis, I have, in ſeveral caſes, adviſed electricity, and in one or two of theſe it appeared to prove uſeful, but never ſo decidedly as to enable me with confidence to ſpeak of it.

SECTION IV.

Of Obſtructions in the Urethra from Gonorrhœa Virulenta.

WHEN ſpeaking of Gleet I had occaſion to remark that it is often the conſequence of Obſtructions in the Urethra. But Gleet, although the cauſe of ſome inconvenience and diſtreſs, is by no means the moſt important ſymptom with which Obſtructions are accompanied. Strictures may take place in a certain extent, without giving much uneaſineſs, but whenever they arrive at ſuch a height as to impede the flow of urine, they prove not only the cauſe of much diſtreſs and miſery to the patient, but of much embarraſſment to the practioner.

Obſtructions proceeding from Gonorrhœa Virulenta may be reduced to four general

general heads; tumours in the ſubſtance of the urethra and contiguous parts; ſpaſmodic affections of the urethra; caruncles, or fleſhy excreſences, in the urethra; and ſtrictures, properly ſo called.

§ 2.

Of Tumours in the ſubſtance of the Urethra and contiguous Parts.

WE have already had occaſion to ſpeak of Tumours, or ſwellings of the proſtate gland, of ſwellings of Cowper's glands, and of the other ſmaller glands of the urethra. All of theſe produce obſtruction to the flow of urine whenever they become ſo large as to diminiſh, in any degree, the magnitude of that canal.

Referring to what has already been ſaid upon this part of our ſubject, I have at preſent to obſerve, that in the commencement of all Tumours in theſe parts, we ought, by every method in our power, to endeavour

endeavour to remove them by diſcuſſion; for which purpoſe local and general blood-letting are the remedies chiefly to be truſted; and as theſe, when carried a ſufficient length, and when aſſiſted by a cooling regimen, and the external uſe of cold ſaturnine applications, ſeldom fail in removing them, they ſhould always be continued as long as they ſeem to prove uſeful. For although tumours in this ſituation are often eaſily removed after ſuppuration has taken place, by the matter being freely diſcharged, and the ſores treated in the uſual way, yet, before arriving at this ſize, a good deal of diſtreſs always occurs from them: in ſome inſtances, the ſores heal with difficulty, while in others the matter burſts into the urethra, where it continues often during the life of the patient to be a conſtant ſource of uneaſineſs.

In others again the matter burſts into the ſcrotum, and from thence into the ſurrounding cellular ſubſtance; and openings forming in conſequence of this, commonly

ly between the ſcrotum and anus, a very troubleſome diſeaſe is thus produced, termed fiſtula in perineo *.

It is therefore obvious that it is much for the advantage of the patient that every tumour of this deſcription ſhould be removed by diſcuſſion; but when our endeavours for this purpoſe do not ſucceed, and when ſuppuration takes place, we have it often in our power to prevent many of the bad conſequences which otherwiſe are apt to enſue. By opening theſe tumours immediately on matter being perceived in them, we prevent the riſk of their burſting into the ſcrotum and urethra, ſo that in this ſituation we ought never to wait till they are ſo fully maturated as otherwiſe might be proper: and when once they have come ſo far as to make it neceſſary to diſcharge the matter, it ought to be done, as I have formerly obſerved, by making an opening the whole length of the tumour. This prevents the matter from lodging, and from

* For the treatment of this vide Syſtem of Surgery, chapter xxxiii.

from inſinuating into the contiguous parts, while the ſores which enſue heal more kindly than they uſually do when ſmaller openings have been made.

Among other conſequences of abſceſſes in this ſituation burſting into the contiguous parts, it is proper to mention that the moſt diſtreſsful effects are experienced from the matter finding acceſs to the corpus cavernoſum of the penis. It uſually ſpreads ſuddenly over the whole ſubſtance of the penis; ſmall openings take place in different parts of the ſwelling, at which the matter is diſcharged; and theſe are always very difficult to heal: or, if the matter does not find a vent in this manner, it either burſts into the urethra, or the ſurrounding parts are apt to mortify.

When mortification takes place in this ſituation, it either ſoon proves fatal, or terminates in the entire loſs of the penis; for a ſtop is ſeldom put to the diſeaſe till all the parts ſurrounding the urethra are deſtroyed, when amputation of the remainder becomes unavoidable. Indeed the hæ-

morrhagy

morrhagy which is apt to occur from deep-seated mortification of the penis is commonly of itself a sufficient motive for amputation being advised, for we can seldom put an effectual stop to the discharge till the mortified parts are removed.

For preventing mortification in this situation from spreading, opium has been recommended. I have certainly observed it prove useful in gangrene, both in these parts and in others; but more dependence is for the most part to be placed upon a plentiful use of bark. Whether opiates act in the cure of gangrene as anteseptics, is not, or perhaps cannot be ascertained. I rather believe that they do not; and I am inclined to think that they prove serviceable only by allaying irritation. In this manner they may be employed with advantage wherever gangrene is the effect of a high degree of inflammation. By lessening or removing pain they may diminish the cause of exertion in the vessels of the part affected, and may thus tend to prevent mortification from

extending ſo far as it otherwiſe might do; but I have never known them prove uſeful where the diſeaſe ſeemed to depend upon loſs of tone, either of the part itſelf, or of the conſtitution.

§ 3.

Of Spaſmodic Obſtructions of the Urethra.

IRRITATION of the Urethra, in whatever way it is produced, has an evident effect in leſſening the diameter of the paſſage. Hence, in ſtone in the bladder, the irritation, and conſequent contraction of the urethra, is ſometimes ſo great that a ſtaff, even of a moderate ſize, cannot be paſſed. Stones in the kidney have frequently the ſame effect. Nay, I have known this contraction of the urethra induced by ſand paſſing along the ureters. In like manner, the irritation produced in the Urethra by Gonorrhœa, is in ſome caſes ſo great as

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to excite contraction of the paſſage in a very diſtreſsful degree. I have known the urine ſo completely obſtructed by this alone, as to give cauſe to ſuſpect that ſtrictures were formed of the moſt alarming nature; in which, neither ſtaff, catheter, nor bougie, could be introduced, but with more force than can ever with ſafety be applied.

We judge that obſtruction proceeds from this cauſe, when at one time it occurs in a ſevere degree, and ſoon thereafter, perhaps in the ſpace of a few hours, it appears to be entirely or nearly gone. Of this I have met with various inſtances; in which, from the anxiety of the patient, and from ſuſpicion of a more inveterate kind of ſtricture, repeated attempts have been made in vain to paſs a bougie, and in which the ſtoppage has gone off entirely upon the exhibition of a doſe of laudanum, or rubbing the perineum with anodyne balſam.

As the urethra itſelf does not appear to be muſcular; as only a ſmall portion of it

can be compreſſed by the muſcles of the penis; and as the variety of obſtruction that we are now conſidering, occurs in parts of the paſſage where theſe muſcles do not exiſt, it has been imagined, that this temporary acceſſion of ſtricture muſt be owing to other cauſes. It may perhaps happen that the violent irritation excited by chordee may, in ſome inſtances, produce ſuch effuſion into the cellular parts of the penis, as may compreſs the urethra; and that this may ſoon be removed by abſorption, on the irritation by which it was produced being taken away. But although this, in a few inſtances, may be the caſe, I am convinced that it is not frequent, and that the urethra itſelf is endowed with a contractile power, by which, for the moſt part, this kind of obſtruction is produced.

Were it to proceed from any kind of effuſion compreſſing the urethra, the tumefaction thus produced would be obvious. Partial circumſcribed tumours would either be diſcovered in the courſe of the urethra,

urethra, or the whole body of the penis, or a conſiderable part of it, would be ſwelled. We do not find, however, that this is apt to happen; at leaſt, in a great proportion of caſes, no tumefaction of the penis is perceptible.

This kind of ſpaſm or cramp occurs occaſionally in every part of the urethra. I have met with it within an inch of the extremity of the glans, but for the moſt part it happens behind the ſcrotum, near the proſtate gland, in the membranous part of the paſſage.

In the treatment of Obſtruction in the Urethra, it is a matter of the firſt importance to determine the cauſe by which it is produced, and eſpecially to diſtinguiſh between obſtruction ariſing from ſpaſm, and that which proceeds from ſtricture, properly ſo called. In the latter, bougies, as we ſhall afterwards ſee, are almoſt the only remedies upon which we can depend; while, in caſes purely ſpaſmodic, they very commonly do harm. In the one, they remove the diſeaſe, by acting as

wedges; in the other, they add to the violence of the contraction, by increaſing the irritability by which it was at firſt excited.

As the degree of obſtruction ariſing from ſpaſm alone, is, in ſome inſtances, equal to what uſually occurs from the moſt obſtinate kind of ſtricture, it is only from an accurate account of the riſe and progreſs of the diſeaſe by which we can judge of the difference.

When the flow of urine has at firſt been only ſlightly obſtructed, and when this has gradually become worſe, without ever being materially better, there will be ground to ſuſpect that it proceeds from a cauſe of a more fixed and permanent nature: while, however complete the obſtruction may be, if it came on ſuddenly, and has frequently become quickly well, without any obvious reaſon, there will be no reaſon to doubt of its ariſing from ſpaſm.

We find, too, in obſtruction proceeding from a fixed cauſe, that ſome pain is commonly

monly felt at one or more points. In ſome caſes, a degree of hardneſs is perceived on the urethra being preſſed at theſe points; while in others, although nothing is diſcovered on external preſſure, the patient feels a degree of heat and pain, as if the parts were excoriated. Beſides, in real ſtricture, a diſcharge of matter very univerſally takes place from the urethra; forming, as we have already had occaſion to ſee, a very frequent cauſe of Gleet. But in obſtruction proceeding from ſpaſm, the pain is not fixed in any particular part. It appears to be more diffuſed; and is ſeldom in any diſtreſsful degree, if it be not by the ſtoppage which it gives to the flow of urine. No particular ſpot is diſcovered to be hard or ſore upon preſſure, nor does it neceſſarily afford a diſcharge of matter.

Spaſm, indeed, may be accompanied with a flow of matter from the urethra. This will always happen where it ſucceeds to Gonorrhœa or Gleet, but it will never, on

inquiry, be found to be the cauſe of the diſcharge.

The remedies to be employed for the removal of this variety of obſtruction, are, warm emollients, anodynes, blood-letting, bliſters, and electricity. Bougies, in certain circumſtances, prove likewiſe uſeful.

Rubbing the parts affected, whether the perineum, or more anterior parts of the penis, with warm oil, ſometimes anſwers a good purpoſe. Oil, ſtrongly impregnated with camphor, and Goulard's form of the unguentum ſaturninum, when applied warm to the parts affected, alſo tend to remove this cauſe of obſtruction. I have known it inſtantaneouſly removed by fomenting the perineum with a decoction of chamomile flowers or althea; and by the application of a bladder, filled with warm water.

Common anodyne balſam makes an uſeful application here. The parts in which the ſpaſm is ſeated ſhould not only be rubbed with it, but pledgets immerſed in

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it kept conſtantly applied to them. But one of the moſt powerful antiſpaſmodics of our external applications is, a mixture of three parts of laudanum and one of æther.

Frequently, however, little or no advantage is derived from the external uſe of anodynes; while opium, given internally, is productive of the beſt effects. Forty drops of laudanum, given by the mouth, will often remove a ſpaſm of the urethra that has reſiſted every variety of this remedy applied to the ſkin; and when thrown into the rectum, in the form of injection, it proves ſtill more effectual in removing pain, irritation, and ſpaſm about the anus, and in the organs of urine and generation, than when received into the ſtomach.

Whether this may proceed from the opium getting more nearly into contact with the nerves of the diſeaſed parts, or whatever may be the cauſe of it, is perhaps difficult to determine; but, from much experience of their effects, I am convinced,

ced, that in all ſuch affections, opiates prove moſt powerful when given in this manner.

In plethoric patients blood-letting proves often an effectual remedy, not only in removing ſpaſm, but in preventing returns of it in future. Beſides the diſcharge of blood from the arm in quantities proportioned to the ſtrength of the patient, leeches ſhould be applied along the courſe of the pained parts, and they ſeldom fail where the ſtrength admits of the evacuation, of giving very effectual relief.

From an idea of ſpaſm proceeding in moſt inſtances from what is termed a weakneſs of nerves, and from a dread which commonly prevails, of all nervous diſeaſes being rendered worſe by blood-letting, this is a remedy rarely employed. But it is right to obſerve, in this as well as in ſimilar affections of other parts, that morbid irritability may be excited by cauſes of very oppoſite natures. It ſometimes takes place where the conſti-

tution

tution is relaxed and reduced; and, in ſuch circumſtances, evacuations of every kind very commonly do harm. But it more frequently happens from a ſtate of plethora, in which blood-letting proves the moſt certain remedy, and where opiates, warm bathing, and other antiſpaſmodics are often uſed for a great length of time, without any advantage.

From experience we find, that a ſtimulus applied to the ſkin proves often uſeful in relieving pain and ſpaſm, in parts that are even deeply ſeated; and upon trial, the ſame remedies are ſometimes found to remove ſimilar affections of the urethra. Obſtructions ariſing from ſpaſm, have, in different inſtances, been relieved by the application of volatile liniment, a ſtrong impregnation of oil with volatile alkali, to the parts affected. A bliſter, applied over the perineum, has in different inſtances carried off the obſtruction, and in ſome caſes where bliſters have not ſucceeded, the diſeaſe has been completely removed

removed by the application of a warm plaſter.

In ſuch caſes bliſters do not ſeem to act ſo much by the evacuation which they produce, as by the irritation which they excite; for it often happens that the pain and ſpaſm are removed as ſoon as the ſkin becomes in any degree uneaſy, and long before veſications are formed. Hence, a warm plaſter, which does not contain ſo much cantharides as to render it capable of acting as a bliſter, by preſerving a conſtant and more permanent ſtimulus than bliſters, proves, in ſome inſtances, as I have already obſerved, more effectual.

Electricity has ſometimes proved uſeful in removing ſpaſm of the urethra: but it requires to be managed with caution, otherwiſe it is apt to add to the violence of the diſeaſe. In plethoric habits it always does miſchief, and ſhould never be adviſed in theſe till blood-letting has been premiſed.

I have had occaſion already to remark, that in this variety of obſtruction, bougies

gies frequently do harm, owing in a great meaſure to their being often paſſed with violence, when the parts, from being under ſome high degree of irritation, are in a ſtate of ſtrong contraction. This ought never, therefore, to be done; for while a ſtate of ſpaſm continues, we ſeldom ſucceed; or if we do get the bougie paſſed, it is always with more force than ſhould ever be employed.

But bougies prove highly ſerviceable, even in Spaſmodic Obſtructions of the Urethra, when the violence of the diſeaſe is ſo far removed that they can be introduced with eaſe, and without exciting irritation: ſo that whenever this can be done, whether the ſpaſm has been leſſened by the uſe of emollients, anodynes, bloodletting, or any other remedy, it ſhould always be adviſed. Beſides the preſent relief which it affords, by removing any degree of the ſpaſm that may remain, it tends with more certainty than any other remedy to prevent a return of it. This is particularly the caſe where ſpaſm is conjoined,

conjoined, as is ſometimes the caſe, with the more fixed kind of obſtruction which we are preſently to proceed to conſider. When this takes place all our other remedies are to be conſidered merely as preparative to the uſe of bougies, which, in ſuch circumſtances, are alone to be depended on for a cure. It muſt always be remembered, however, that bougies are admiſſible only when they can be introduced and retained in the paſſage without exciting much irritation.

In all diſeaſes of the genitals the ſtate of the inteſtines requires particular attention. So much ſympathy ſubſiſts between theſe parts that in patients liable to obſtruction in the urethra, I have known a ſevere fit of the diſeaſe induced by a coſtive ſtool. Neither is much purging neceſſary or proper. The bowels therefore ſhould be kept in ſuch a ſtate as to prevent irritation, as far as it can be done, whether from obſtinate conſtipation or too frequent ſtools.

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In a late publication by Mr Hume of London, the application of cauſtic is recommended in this variety of obſtruction: But where ſpaſm alone is the cauſe of the diſeaſe, it does not to me appear that the uſe of cauſtic is indicated. I believe indeed, as will more particularly appear in the ſubſequent parts of this ſection, that cauſtic is not only a very hazardous application in all diſeaſes of the urethra, but that it ſeldom or never anſwers the purpoſe; ſo that here, where the obſtruction is not fixed, but temporary, as we are entitled to believe it to be when it proceeds from ſpaſm, I would ſay, that if cauſtic ever proved apparently uſeful, the diſeaſe in all probability would have vaniſhed, whether this remedy had been uſed or not: The cauſtic is introduced by Mr Hume in the end of a bougie; and as the bougie in which it is fixed cannot be ſmall, there is much reaſon to think, that a proper uſe of bougies alone would prove effectual wherever they can be paſſed of a ſize that admits of this method of uſing cauſtic.

§ 4.

§ 4.

Of Obſtructions in the Urethra from Fleſhy Excreſcences, or Caruncles.

OBSTRUCTION to the paſſage of urine has long been conſidered as one of the moſt diſtreſsful, as it is one of the moſt frequent conſequences of Clap; and Caruncles, Fleſhly Excreſcences, or Carnoſities, as they are ſometimes termed, are mentioned by all the older writers upon the ſubject, as the moſt frequent cauſe of it.

This idea naturally aroſe from their perceiving that warty ſubſtances were ſometimes formed within the urethra, near to its extremity, ſimilar in appearance to thoſe that are often met with upon the prepuce and glans; and not proſecuting the ſubject by opening the parts after death, they were led to ſuppoſe that more deep-

deep-ſeated obſtructions were all of a ſimilar nature.

So univerſally did this opinion prevail, and it was ſo ſtrongly aſſerted in books, that although it was long ago, by ſome individuals, particularly by Saviard and Dionis, ſuppoſed to be ill-founded, yet even in our times it has been very generally admitted. This is ſo far the caſe, that in common converſation upon the ſubject, Caruncles are uſually conſidered as the moſt frequent cauſe of obſtructions in the urethra.

It is now, however, very certainly known, that this cauſe of obſtruction is uncommon in the more remote parts of the urethra. Of late years, indeed, this has become a very frequent object of anatomical inveſtigation; and I have reaſon to ſuppoſe, from all that I have yet heard, as well as from the reſult of my own inquiries, that it ſeldom exiſts farther up the urethra than half an inch or ſo, from the point of the glans. Warty excreſcences are not unfrequent towards the orifice

of the urethra; but I have ſeldom ſeen them, even in this ſituation, where they did not likewiſe prevail upon the glans and prepuce.

The obſtruction to the flow of urine, from warts near the entrance of the urethra, is ſeldom conſiderable; but it always gives much cauſe of anxiety to the patient, from a fear which he is apt to entertain of its becoming worſe.

When ſeated juſt in the opening of the urethra, as ſometimes happens, I have, in different inſtances, been able to remove them with ſciſſars, and with ſmall ligatures paſſed round them; but they are ſeldom ſo ſituated as to admit of our taking them off in this manner. Neither are we at liberty to deſtroy them by a free uſe of eſcharotics, the irritability of the urethra rendering this a very hazardous attempt.

In all ſuch caſes we place our chief dependence upon bougies; and, when duly perſiſted in, they very commonly anſwer the purpoſe.

Some

Some difference of opinion has ariſen as to the manner in which bougies act in removing theſe excreſcences. In ſtrictures of a different kind no cauſe of doubt can occur, as they appear evidently to act as wedges, and to prove uſeful in proportion to the extent of mechanical preſſure which they afford; but in the cure of Caruncles they have been ſuppoſed to act chiefly by inducing ſuppuration upon the diſeaſed parts, ſo as to diſſolve them in this manner.

It is obvious, however, that, for the removal of theſe excreſcences, ſomething farther is neceſſary than the formation of matter. We daily, indeed, meet with inſtances of their being long immerſed in matter, ſometimes proceeding from their own ſurfaces, and at other times from the contiguous parts, without their being in any degree diminiſhed. I rather conceive that bougies, even in this variety of obſtruction, operate partly by mechanical preſſure, and partly by exciting inflammation in the excreſcences. We ſhall hereafter have occaſion to ſee, that the

moſt effectual remedies employed for the removal of warts in other parts prove chiefly uſeful by making them inflame; and as bougies are well calculated for this purpoſe, I think it probable, while they evidently anſwer a good purpoſe by the preſſure which they afford, that they prove likewiſe ſerviceable by exciting over theſe excreſcences that ſlight degree of inflammation, which, in the treatment of common venereal warts, very commonly makes them drop off.

§ 4.

Of Obſtructions in the Urethra, from Strictures properly ſo called; of Bougies, and Fiſtulæ in Perineo.

TWO varieties are met with of obſtruction in the urethra from cauſes of a permanent or fixed nature. The moſt frequent is a thickened ſtate of the membrane of the urethra itſelf, or rather of the

the corpus ſpongioſum urethræ, ſimilar to what happens in the membrane of the noſe in caſes of catarrh. At other times the urethra is drawn together, or contracted, as if a cord was tied round it, without any other appearance of diſeaſe.

In ſome inſtances theſe two cauſes of obſtruction are conjoined; and we find, in the ſame perſon, the diameter of the paſſage leſſened in one part by a mere contraction, and in another by a full, thickened ſtate of the whole ſubſtance of the urethra.

Every part of the paſſage is liable to ſtrictures; but they are more frequent behind the ſcrotum, that is, between the ſcrotum and bladder, than in other parts of it. In ſome a ſingle ſtricture only takes place; but when the diſeaſe has been of long endurance, we commonly find two, three, or more.

Where the urethra is merely contracted, or drawn together, the diſeaſe ſeldom extends, at any one part, above the eighth part of an inch, but where the ſtoppage

proceeds from a thickened ſtate of the ſubſtance of the urethra itſelf, it ſometimes extends to the length of an inch or more.

From whichever of theſe cauſes a ſtricture proceeds, the urethra is commonly affected equally all round; but, in ſome caſes, as Mr Hunter very properly remarks, the diſeaſe ſeems to be fixed entirely on one ſide of the paſſage, in which caſe the canal is thrown over to the oppoſite ſide.

This ſeems to happen only where the obſtruction is produced by fulneſs or ſwelling of the urethra, and not where it proceeds ſolely from contraction.

Where this unequal diminution of the canal takes place even in one part only, it muſt evidently add greatly to the difficult introduction of bougies; and where more than one ſtricture takes place, if they are not exactly oppoſite to each other, a kind of twiſting of the paſſage is produced, which renders the introduction of a bougie impracticable. It muſt, however be admitted, that inſtances of this are rare.

It

It deſerves to be noticed, that the formation of ſtrictures is often ſo ſlow and gradual, that a patient is not ſenſible of their taking place till the diſeaſe has been of long continuance. Being ſeldom attended with pain till the flow of urine is much impeded, any partial degree of obſtruction paſſes without notice, by which the ſtrictures become much more fixed and permanent than otherwiſe they would be. The patient, indeed, has ſeldom any ſuſpicion of his ſituation, till the ſurgeon, for his own ſatisfaction, where Gleet continues more obſtinate than uſual, propoſes to paſs a bougie. Gonorrhœa having given riſe to the Gleet, any obſtruction that takes place to the flow of urine, is conſidered to ariſe from the ſame cauſe; and thus a great length of time is often ſuffered to elapſe before any ſuch examination is made as can with certainty lead to a diſcovery.

This proves often, in its conſequences, highly diſtreſsful, and ſhould therefore be as much as poſſible guarded againſt; for

ſtrictures, by long continuance, become much more firm, as well as more extenſive, than they were at firſt, by which they alſo become much more difficult to cure. Caſes which at firſt would have yielded almoſt to the firſt attempt with bougies, are, by delay, often rendered ſo obſtinate, that nothing will remove them but an accurate application of bougies continued for a great length of time.

Whenever there is cauſe, therefore, to ſuſpect that ſtrictures may exiſt, an examination ſhould be made with bougies. But as patients themſelves are apt to be deceived upon this point, practitioners ſhould, in every inſtance, lead their attention towards it. In different parts of this work we ſhall have occaſion to ſee that Gleet is frequently kept up by ſtrictures: ſo that in all obſtinate caſes, and where no other evident cauſe for the diſcharge is perceived, a trial with bougies ſhould be propoſed. This, however, is ſeldom done; by which much unneceſſary trouble, as well as loſs of character, falls upon the practitioner,

tioner, while the patient is made to ſuffer a great deal of miſery, which, with care, might have been prevented.

I have already had occaſion to remark, that the variety of ſtrictures which we are now conſidering is frequently the conſequence of Gonorrhœa: but in what manner it is produced by Gonorrhœa is perhaps difficult to explain. It has been attributed chiefly to ulcers induced by that diſeaſe, and to inflammation.

At one period I was induced to ſuppoſe, chiefly from the information that I had obtained from books, that ſtrictures were in moſt inſtances produced by ulcers. But from more frequent opportunities of obſerving the ſeat of Gonorrhœa after death, I am now convinced that ulcers very ſeldom take place in that diſeaſe; by no means ſo frequently as ſtrictures, the effect which they are ſuppoſed to produce. It ſometimes indeed happens, that the membrane of the urethra covering ſtrictures, is found in a ſtate of tenderneſs, or of excoriation, but not completely ulcerated.

rated. Even this, however, appears to be the effect rather than the cauſe of the diſeaſe. It ſeems in a great meaſure to proceed from the acrimony of the matter which the ſtrictures themſelves produce. The urine being prevented by the ſtrictures from paſſing freely off, a few drops of it always remains between the neck of the bladder and the ſeat of the diſeaſe, and thus, by remora, becoming acrid, a conſiderable degree of tenderneſs or excoriation accompanied with much heat in paſſing water never fail to enſue.

When real ulceration is met with in Gonorrhœa, it is in moſt inſtances, I believe, produced by the rupture of blood veſſels. If it be not at the very point of the paſſage, ulcers in the urethra never proceed from the matter of Lues Venerea. Now we can ſcarcely imagine that any ulcer which the rupture of a blood-veſſel in the urethra could probably produce, would be of ſuch depth or magnitude as to be capable of producing any permanent ſtrictures. Neither are hæmorrhages

rhages from the urethra frequent; nor have I found that ſtrictures have been particularly apt to happen, even where hæmorrhages have taken place in an alarming degree.

I conſider it, therefore, as decided, that ſtrictures in the urethra ſeldom or never proceed from ulcers. Inflammation, when violent, may certainly tend to produce them; and I think ſeveral inſtances have fallen within my own obſervation where this actually happened. I do not ſuppoſe, however, that this is ſuch a frequent cauſe of ſtrictures as is commonly imagined, nor do I agree with thoſe who think that injections often produce them.

It being obſerved, that ſtrictures were, in ſome inſtances, induced by inflammation, and injections being ſuppoſed, by thoſe who are prejudiced againſt them, very apt to inflame the urethra, it was long ago aſſerted, and has ſince by many been believed, that ſtrictures are more frequently produced by injections than by any other cauſe. This, indeed, is held forth

forth as the moſt important objection to the uſe of injections, and were it in any degree well-founded, I admit that it would be a ſtrong reaſon for our laying this remedy aſide: for however deſireable it may be to have Gonorrhœa quickly cured, and however efficacious injections for this purpoſe may be, no practitioner would adviſe them were it to be with the riſk of inducing ſuch a formidable diſeaſe as ſtrictures in the urethra.

Where ſtrong ſtimulating injections are unguardedly uſed, ſuch a degree of inflammation may thus be induced as may excite the moſt obſtinate ſtrictures. But this is not the fault of the remedy, as I have elſewhere obſerved, and can only be conſidered as the effect of an improper uſe of it. We might with equal propriety condemn the uſe of ſome of our moſt effectual and ſafeſt medicines, merely from an over-doſe of them having done harm.

Inſtead of injections being a frequent cauſe of ſtrictures, I have much reaſon to think that they effectually tend to prevent them.

them. Although I have admitted that ſtrictures are ſometimes produced by ſevere degrees of inflammation, I do not conſider it as frequent. Strictures I conceive to be moſt frequently the conſequence of a ſtate directly the reverſe of inflammation. In a great proportion of caſes they will be found to take place, where, either from no injection having been uſed, or from ſome other cauſe, the diſcharge has gone on to an unuſual length; where all ſymptoms of inflammation were gone long before; and where nothing but Gleet remained. At leaſt this has been very generally the reſult of my obſervation, and, I believe, it will be admitted by all who have paid attention to the point under conſideration. I therefore conclude from this, as well as from the appearances which theſe parts exhibit on diſſection, that this variety of obſtruction proceeds moſt frequently from a ſtate of morbid relaxation or debility, induced in theſe parts of the membrane of the urethra upon which the inflamma-

tion

tion at firſt fixes with violence, and from which the ſubſequent diſcharge is in a great meaſure produced.

Where ſtricture ſucceeds immediately to inflammation, it appears to be that variety of the diſeaſe in which the urethra is compreſſed, or tied, as it were, with a cord: but where it does not appear till the inflammation ſubſides, and the diſcharge has been of long duration, the ſubſtance of the urethra is found, at thoſe parts where the ſtrictures exiſt, to be ſpongy, ſoft, and prominent, bearing every mark of having completely loſt its tone.

The exiſtence of this variety of ſtricture being aſcertained, and it will not be confounded with any other diſeaſe where the obſervations contained in the preceding parts of this ſection are kept in view, our next object is to fix upon the method of cure.

While the opinion prevailed of ſtrictures being moſt frequently produced by ulcers in the urethra, as this led to the ſuſpicion of their being connected with Lues Venerea, mercury was adviſed in al-

moſt

moſt every inſtance. Mercurial ointment was regularly rubbed upon the ſeat of the diſeaſe, in order to diſſolve the cauſe of the obſtruction, and the patient was put under a ſalivation, with a view to the ſafety of his conſtitution.

As this was the prevailing practice of our beſt ſurgeons, when I entered upon buſineſs, not only here, but in other parts of Europe, I was neceſſarily led to adopt it; but later experience having ſhewn that mercury is never neceſſary in the cure of ſtrictures, I have now, for many years paſt, laid it altogether aſide. Nay, I readily own that I never knew any advantage derived from it, while in many inſtances, when long perſiſted in, it evidently did harm.

It will not be imagined, that during this late period of time, mercury was ever alone depended upon for the removal of ſtrictures in the urethra. Bougies were then very generally employed; but mercury, for the reaſon that I have given, was always adviſed along with them.

Bougies

Bougies had long been known to practitioners, but they were ſo coarſely formed, and their application ſo little underſtood, that ſcarcely any advantage was derived from them, till Mr Daran, about ſixty years ago, brought them into more general notice. By forming them with care, and introducing them with addreſs, Mr Daran had the credit of giving us the only remedy upon which we can place any dependence for the cure of ſtrictures. At leaſt we are certainly in a great meaſure indebted to him for bringing them into general uſe.

It is true that Mr Daran attributed virtues to his bougies which they did not poſſeſs. Being much intereſted in the ſale of them, he wiſhed to throw a myſtery over their compoſition. They acted chiefly, he ſaid, by their ſuppurative quality: in conſequence of which, and by the great diſcharge of matter which they produced, tumours, and other cauſes of obſtruction in the urethra, were, he alleged, diſſolved by them, which could never otherwiſe

have

have been removed. The confidence with which this was aſſerted, by a man of Mr Daran's experience, and the conſiderable diſcharge of purulent-like matter which uſually accompanies the uſe of bougies, gave weight to an opinion which, from this cauſe alone, came at laſt to be generally admitted.

We now know, however, that it is not by exciting a diſcharge of matter that bougies act in the cure of ſtrictures. Even the mildeſt bougie we can employ, when kept in the urethra for an hour or two, is covered with a kind of matter on being withdrawn; but this happens as readily where the urethra is ſound as when it is obſtructed in various places, and it ſeems to proceed entirely from the natural mucus of the paſſage being increaſed in quantity, and ſomewhat altered in appearance, by the irritation excited by the bougie.

Even admitting the obſtructed parts to be more particularly acted upon, and a greater diſcharge of matter excited from

them than from the other parts of the urethra, and which Mr Daran aſſerted to be the caſe under his management of the bougie, ſtill this would not account for the removal of excreſcences; for we know, from daily obſervation, that the whole ſurface of excreſcences of a ſimilar nature in other parts of the body, may be kept in a ſtate of complete ulceration, and a large quantity of matter diſcharged from them for a great length of time, without their being perceptibly leſſened in bulk.

Bougies, in the cure of theſe ſtrictures, ſeem to act ſolely by preſſure, and by the ſupport which they afford to the diſeaſed parts. If a bougie, of ſufficient firmneſs, exactly or nearly the ſize of the urethra in its contracted ſtate, be paſſed at firſt, and others of a larger ſize afterwards introduced, we know from experience, that if done with caution, no harm will enſue, and that the ſtricture for which it was employed will thus, in a gradual manner, be removed, merely by the preſſure of the bougie.

In

In this view, our chief object in the forming of bougies ſhould be to give them a firmneſs ſufficient to afford ſupport to the parts which we wiſh to compreſs, and a ſmoothneſs and flexibility that admits of their being introduced and retained in the urethra with the greateſt poſſible eaſe.

Numbers 34, 35, 36, and 37, in the Appendix, contain preſcriptions for bougies of different colours and conſiſtences, with ſome directions for preparing them; but the exact formation of bougies being a matter of the firſt importance, and this being only to be acquired by conſtant practice, it is better for ſurgeons to procure them from thoſe whoſe ſole profeſſion it is to make them, than to attempt to form them themſelves.

Beſides the forms of plaſters mentioned in theſe preſcriptions, other articles have been employed for the conſtruction of bougies, particularly cat-gut and reſina elaſtica. Of theſe the latter is by much the beſt, and for all the ſmaller ſizes of

bougies I now find it to be preferable to the beſt plaſters of the common kind. Even when of the ſmalleſt ſize it can be made of ſuch a degree of firmneſs that it may be puſhed with conſiderable force, which cannot be done with the ſmaller bougies of the common kind, which are apt to bend, and to become twiſted, although introduced with much care and attention.

The great expence of elaſtic bougies has hitherto prevented them from being ſo generally uſed as they ought to be: beſides, they were at firſt made ſo ſoft that they nearly diſſolved in the urethra on being allowed to remain in it for the ſpace of an hour or two; but this fault is now ſo entirely removed, that I have known them remain inſerted for ſeven or eight hours at once, and yet as firm on being withdrawn as when firſt introduced. This renders the elaſtic gum a valuable article, not only for bougies, but flexible catheters.

This

This reſin has one very eſſential advantage over every compoſition that has yet been employed for bougies. It does not crack or break while in the urethra, however frequently it may be introduced. When the common bougies are prepared with attention, and the compoſition of which they are formed not too much boiled, they may ſometimes be uſed two or three times with ſafety; but, for the moſt part, they cannot with propriety be introduced more than once. Nay, on remaining an hour or two in the paſſage, they are often ſo much cracked as to excite a good deal of irritation and pain even on their firſt introduction; inſomuch that I have met with different inſtances of patients being deterred by this cauſe alone from uſing bougies, the irritation which they excited being ſo great as to be quite inſupportable; while, on having recourſe to thoſe formed of reſina elaſtica, they were found to give no kind of uneaſineſs.

Theſe bougies are formed of fine ſilk, dipped in the reſin diſſolved in æther. They were firſt invented by Mr Thedn of Berlin, and are now made by different artiſts in this as well as other countries, but the beſt that we receive are made in Paris. There is cauſe, however, to regret, that the art of forming them is as yet confined to a very few, ſo that our ſupplies have hitherto been both ſcarce and uncertain.

In the uſe of bougies the following are the points which more particularly merit attention:

1. They ſhould be provided in ſuch numbers, and of ſuch variety of ſizes, that there may be no doubt of as many being always at hand as in any caſe may be required.

2. On proceeding to the uſe of the firſt bougie, care ſhould be taken to fix upon one of ſuch a ſize as will probably paſs without exciting much pain. It is better at firſt to have it ſmaller than might be made

made to pass, than afterwards to be obliged to withdraw it. Of this we may in general judge by the size of stream in which the urine is observed to flow. It is often indeed found to be forked, and sometimes flattened, owing to the form and nature of the stricture, but, with some attention to this circumstance, we may, for the most part, be determined in the size of bougie that will answer.

3. The patient should be placed in such a posture as tends in the most effectual manner to relax the urethra. He may either be made to stand, with his thighs separated, and his body bent gently forward, or he may be laid upon his back, with his thighs not only separated, but raised. He ought, on no account, to be seated. In sitting the urethra is apt to be so much compressed that no space is left for the passage of a bougie. I have known several attempts to pass a bougie prove unsuccessful from this cause alone.

4. The ſurgeon being ſeated on the right ſide of the patient, ſhould graſp the penis with his left hand, and draw it gently forward at the ſame time, ſo as to ſtretch the urethra to ſuch a degree as may prevent it from catching the point of the bougie. With the bougie, previouſly well oiled, in his right hand, he ſhould inſert the point of it into the urethra, when it muſt be paſſed ſlowly, though firmly on, till it meets with ſome reſiſtance. Neither ſhould he deſiſt at once on the ſtricture being met with. It anſwers better to continue to puſh on the bougie with a due degree of firmneſs, than to withdraw it immediately, as is often done. The firſt application of a bougie to the ſtricture is very apt to excite irritation and ſpaſm. In this caſe we ſometimes ſucceed beſt by withdrawing the bougie, and paſsing it again in the courſe of a ſhort time; but for the moſt part it anſwers better to puſh it on at firſt.

5. A knowledge of the force that may with ſafety be employed in paſſing a bougie can only be acquired by experience. The leſs violence that is done to the urethra, or to the ſeat of the ſtricture, the better. It cannot, in ſome caſes, be done without pain, but it ſhould never be made to force a diſcharge of blood. When blood comes away, the bougie ſhould be inſtantly withdrawn: for when this takes place, we may always know that ſome parts have been injured which ought not to have ſuffered, and by continuing to force on the bougie, that there is much riſk of its forming a new paſſage for itſelf.

6. The diſtreſs ariſing from a new opening formed by a bougie is commonly ſo great, that nothing ſhould be omitted that can in any way tend to prevent it. When there is cauſe to ſuſpect, from the quantity of blood diſcharged, that the membrane of the urethra is injured, the bougie ſhould not be again introduced for ſeveral days;

days; not till there is reaſon to ſuppoſe that the wound in the urethra is healed, for, till then, it is obvious that it would be very apt to renew or increaſe the injury.

7. As bougies ſhould all be of a conical form, they ſhould not be puſhed farther at firſt than freely through the firſt ſtricture, otherwiſe the contracted part is apt to be torn open with too much force. It anſwers better to proceed ſlowly, and to increaſe the ſize of the bougie, or to puſh one of the ſame ſize farther on, in ſuch a manner as may avoid every riſk of injuring the membrane of the urethra.

It is true that a cure is ſometimes obtained where bougies have been introduced with much violence; where violent pain, accompanied with hæmorrhagy, has been excited: but this is a practice, which, for the reaſons I have mentioned, ought not to be imitated.

8. That

8. The bougie being paſſed, means muſt be employed to prevent it from ſlipping entirely into the bladder, as well as for retaining it at the depth to which it is inſerted. We obtain the firſt of theſe objects by bending the end of the bougie, which, for this purpoſe, ſhould be left at leaſt half an inch out of the urethra; and the uſual method of retaining a bougie in its place is, by tying a piece of ſoft cotton thread to the end of it, and fixing it with this, either directly to the penis, by paſſing it once or twice round behind the glans, or connecting it to the circular belt of a common ſuſpenſory bandage. But the moſt effectual method, as well as the eaſieſt, which I have tried, is fitting the penis with a ſmall bag or pouch of cotton or linen. The bougie being introduced with its end bent down, the bag is put over the penis, and being fixed with two pieces of tape to a circular belt round the body, the bougie is in this manner eaſily retained.

Common

Common bougies being of no great value, may be cut of ſuch a length as to leave half an inch or ſo out of the urethra, for the purpoſe of bending in the manner I have mentioned; but thoſe of the elaſtic gum ſhould be kept of every variety of length, from three or four inches to nine or ten; and being eaſily formed with a knob at the large end, they are thus, in the moſt certain manner, prevented from ſlipping in.

9. When this precaution has been neglected, and the bougie thereby allowed to ſlip completely into the urethra, it is ſometimes, by the aukward attempts of the patient, forced altogether into the bladder.

In this ſituation it cannot be removed but by cutting into the bladder, as is done in the operation of lithotomy, ſo as to extract it with forceps. But while the bougie continues in any part of the urethra it may be taken out by an operation of much leſs importance and hazard.

When the end of the bougie can be ſeen, it may with ſome care and attention be laid hold of with a ſmall hook, or with narrow-bladed forceps, ſuch as are uſed for extracting ſtones that fix near to the end of the urethra. But when it has paſſed to ſuch a depth that it cannot be perceived, this method of extraction will not ſucceed.

In this caſe it can only be got out by cutting upon it directly into the urethra. The ſkin ſhould be firſt drawn back, when a cut ſhould be made through the teguments and urethra at once, half an inch or thereby in length, when, if the end of the bougie can be laid hold of, it may be taken out at this opening; or if this cannot be done, it may be puſhed forward till the end of it paſſes out at the end of the urethra. This may be done either with ſmall forceps or pliers, or by ſticking a pin into the bougie at the opening and puſhing it ſlowly on. The wound for the moſt part heals eaſily.

10. The

10. The circumſtance which next requires attention in the uſe of bougies is, the time they ſhould be allowed to remain in the urethra, and the frequency with which they ſhould be introduced.

As bougies act, perhaps entirely in the cure of ſtrictures by the preſſure which they afford, and prove chiefly uſeful by the total change of ſtructure which they induce in the parts to which they are applied, they muſt neceſſarily require a conſiderable time to prove effectual. The longer, therefore, that they are retained in the urethra, the ſooner will this be accompliſhed. But while we attend to the removal of the ſtricture, care muſt be taken that the bougies ſhould not be allowed to excite too much irritation. This, indeed, is the circumſtance by which we ought to be chiefly directed. It may be laid down as a general rule, that bougies may be retained in the urethra as long as they do not excite pain or irritation; while, in every inſtance, they ſhould be withdrawn as ſoon as they produce much pain.

At

At firſt they can ſeldom be allowed to remain longer than half an hour at once; but on the urethra being for ſome time accuſtomed to receive them, they may, for the moſt part, be left in it for ſeveral hours; and this may be repeated once and again during the courſe of the day.

11. During the time that bougies remain in the urethra the patient ſhould be prevented from walking or moving more than is neceſſary. This ſeldom meets with ſufficient ſtrictneſs, by which many are prevented from deriving that advantage from bougies which otherwiſe they would receive.

In walking with a bougie in the urethra the irritation induced by it is commonly ſevere; eſpecially when common bougies are employed. The motion in walking is apt to crack and break the plaſter of which bougies are formed, which renders them rough and unequal, which never fails to do much harm.

12. That

12. That we may obtain the advantage of perfect reſt while bougies are introduced, we are adviſed by many to employ them only when the patient goes to bed, and to allow them to remain in the paſſage during the night. This may anſwer when the patient is not liable to nocturnal erections, but where theſe are frequent it ſhould not be permitted. I have known ſeveral inſtances of much pain and inflammation being induced by it. In ſome circumſtances it may be more inconvenient to apply bougies during the day, but it may at all times be done with more ſafety.

13. That bougies may continue as long as poſſible in the urethra, ſome have adviſed, that the patient ſhould be allowed to void urine while they remain in it. I have known it done and no harm enſue, where the urine was paſſed ſlowly, and with much caution: but I have alſo known it do much harm, and as the trouble of introducing the bougie a ſecond time is not

not equal to the hazard of allowing it to remain, I always adviſe it to be withdrawn when urine is to be paſſed.

Beſides the temporary pain and inflammation which inattention to this circumſtance is apt to induce, I have known it terminate in very diſtreſsful ſpaſmodic affections of the urethra, which afterwards continued to be ſo, even after the original ſtrictures were removed.

14. By a ſlow and regularly gradual increaſe being given to the bougie, ſtrictures in a great proportion of caſes may at laſt be removed; but before the firſt ſtricture is entirely deſtroyed, it is always proper to puſh forward the bougie, to diſcover whether others exiſt or not. It is better, however, not to make the attempt till the opening through the firſt is conſiderably enlarged, when we more readily and with more certainty ſucceed.

All other ſtrictures that are diſcovered muſt be managed in the ſame manner with the firſt; the bougie muſt, if poſſible, be

made to paſs them all, and the ſize afterwards increaſed gradually till the urethra is opened to its complete natural ſize.

15. In paſſing bougies for this purpoſe, it has been a point in diſpute whether they ſhould be carried the length of the bladder, and allowed to remain in it or not. I am decidedly of opinion that they ſhould be paſſed completely into the bladder as ſoon as this can be done, in order to diſcover the utmoſt extent of the ſtrictures; but I alſo think that they ſhould never be allowed to remain in it. The common bougies are ſo apt to crack, and pieces of the plaſter to fall off, that this might very poſſibly happen from their being immerſed in urine; and we all know, that if a particle ſhould drop, not ſmall enough to paſs off with the urine, that it would probably ſerve as a nucleus for a ſtone. This would not ſo readily happen with bougies of elaſtic gum; but even theſe, where there is ſo much hazard, ſhould not be truſted, eſpecially as it is not neceſſary;

for

for it is found upon diſſection, that ſtrictures are always anterior to the proſtate gland. They are often in the membranous part of the urethra; but they have, perhaps, never been met with in the proſtate gland itſelf, I mean in the urethra as it paſſes through this gland.

It muſt be admitted that the urine is often obſtructed by diſeaſe in this gland; by inflammation, as well as by a more indolent kind of ſwelling, to which, as I have elſewhere had occaſion to remark, this gland is ſometimes liable. But this variety of obſtruction, inſtead of being removed by bougies, is always hurt by them. We are ſometimes under the neceſſity of paſſing a catheter, even during an inflamed ſtate of the proſtate gland; but this ſhould only be done in caſes of the moſt urgent neceſſity, for drawing off the urine when completely ſuppreſſed. When the gland has been for ſome time ſwelled in ſuch a manner as to create a ſtoppage to the flow of urine, bougies never remove it, while, by the irritation

which they excite, they never fail to do harm. Of this I have now met with ſuch a number of inſtances, in which either from the anxiety of the patient, or want of experience in the practitioner, ſuch miſchief has in this ſituation been done by bougies, that I think it right in ſtrong terms to ſpeak of it. In one caſe ſuch violence of inflammation enſued, that the patient died on the third day evidently from this alone; and in others this imprudent application of bougies in a diſeaſed ſtate of the proſtate gland, has haſtened the progreſs of that diſeaſe, and added greatly to the diſtreſsful feelings of the patient.

16. Beſides the length of time which bougies ſhould be kept inſerted daily, it is an object of importance to determine at what period they may with ſafety be laid aſide. This, I muſt acknowledge, is difficult to do, as it depends upon circumſtances with which it is impoſſible at all times to be acquainted. Even where ſtrictures are ſo completely removed that bougies

pass with ease, and the urine is voided in a full stream, the disease is apt to recur if the bougies be too soon left off. They should, in every instance, be worn for a considerable time after all appearances of stricture are gone, and the more obstinate the disease has been, the longer should they be continued.

Even after a patient considers himself as so entirely well that he may conceive the farther use of bougies to be unnecessary, still he should at all times have them in his possession, so as to be able, on the least return of obstruction, instantly to employ them. This is a precaution not often adverted to either by practitioners or patients, but which should never be disregarded by any who have suffered in this manner; and I think it the more necessary to insist upon it, from having observed, in various instances, the most distressful consequences to ensue from a neglect of it. It is particularly proper for all who have suffered in this manner, when they go upon a journey, to be well pro-

vided with bougies; for when from home they cannot always meet with them, while, at the ſame time, they are more expoſed to the various cauſes moſt apt to excite a return of the diſeaſe; particularly expoſure to cold and dampneſs; much fatigue, whether on foot, horſeback, or in a carriage; and exceſs in wine and ardent ſpitits.

All of theſe cauſes tend with ſuch certainty to induce a return of ſymptoms of this kind, that I have ſeldom known them fail where people have been much expoſed to them; and, in a great proportion of caſes, the effect is perceived ſoon after their application. I have known a perſon, who, after being completely cured of ſtrictures for ſeveral years, has been ſuddenly ſeized with a very hazardous and painful return of it, in the courſe of an hour or two after being much expoſed to a cold eaſt wind. It is particularly apt to occur from violent exertion on horſeback, and from being overheated with wine; more

eſpecially

eſpecially from exceſs in port and other ſtrong wines.

A return of ſtricture is alſo apt to ariſe from the urine being too long retained after a deſire takes place to paſs it. This ſhould always be guarded againſt; but I alſo think it right to mention, that patients ſometimes err in getting into the habit of voiding urine too frequently. By yielding immediately to every impulſe, ſuch a habit takes place, that they are apt, from this cauſe alone, to continue during life to paſs it every hour or two. This proves not only extremely troubleſome, but it alſo tends to induce a contracted ſtate of the cavity of the bladder, together with a thickening of its coats; its full diſtention, which naturally ſhould occur from time to time, being thereby prevented. Hence it is a matter of no ſmall importance for patients in this ſituation to obſerve as juſt a medium as is in their power between the two extremes that I have mentioned.

On the leaſt return of ſtricture being perceived, whatever the cauſe may be, a bougie ſhould be introduced. The patient, if he is plethoric, ſhould loſe blood in proportion to his ſtrength; his bowels ſhould be opened with a gentle laxative, or with a clyſter; and he ſhould be kept in bed till the violence of the diſeaſe is removed. In this manner I have known the moſt violent attack ſoon carried off, while, from treating them with inattention, even the moſt trifling ſymptoms have become ſevere, and in the higheſt degree obſtinate.

The ſudden and unexpected manner in which patients are often attacked with a return of ſtrictures, has given cauſe to ſuſpect that in ſuch inſtances they muſt proceed from ſpaſm. But the obſtinacy with which they often continue, as well as every other circumſtance that attends them, renders it obvious, that in a great proportion of caſes they proceed from cauſes of a more permanent nature than ſpaſm is commonly found to be.

17. We

17. We have hitherto been ſuppoſing that the ſtrictures are ſuch as to permit a bougie to be paſſed with little difficulty; in which caſe, no doubt can be entertained of our being able, by perſeverance, either to accompliſh a cure, or to afford at leaſt very effectual relief, and to prevent any alarming obſtruction to the paſſage of the urine; for however bad a ſtricture may be, if bougies of a ſmall ſize can be paſſed at firſt, we may very commonly be able, as I have already obſerved, in a gradual manner to introduce thoſe of a larger ſize. But frequently, either from the paſſage being contracted to a very ſmall ſize, or from the ſtricture being altogether on one ſide of the urethra, by which the paſſage is thrown over to the oppoſite ſide, after many attempts we find no progreſs made, or if any thing is gained, it is ſo inconſiderable as to afford no kind of relief. This proves always the cauſe of much anxiety to the patient, and is apt to diſpoſe practitioners not much verſant in this branch of buſineſs to deſiſt from further

ther trials: conſidering the diſeaſe to be incurable, they preſcribe a courſe of palliatives, which, for the moſt part, avail little, while bougies, the only remedy from which advantage could be looked for, is deſerted.

This ought never to be done, at leaſt it ſhould never come on the part of the practitioner, nor can any thing warrant the meaſure but the patient himſelf being determined againſt the farther application of bougies. This, from impatience and diſappointment, is apt to happen; but it ought at all times to be as much as poſſible reſiſted. Even in the moſt obſtinate obſtruction that occurs, if the paſſage be not altogether or nearly obliterated, an expert ſurgeon will ſcarcely fail, if he be not prevented by the impatience or timidity of his patient from perſevering for a due length of time.

18. When there is cauſe to ſuſpect that the paſſage is thrown over to one ſide of the urethra, by the ſtricture being fixed

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in the other, a point in which we may ſometimes be determined by external examination with the fingers, and at other times by the feelings of the patient, the extremity of the bougie ſhould be ſlightly curved or bent before being inſerted, and the point of it being turned towards that ſide where the paſſage is underſtood to be, if carried on in this direction we will ſometimes ſucceed, when various attempts have failed in the uſual manner. It will be readily ſuppoſed that the curvature given to the bougie muſt be very inconſiderable; but even the ſlighteſt will ſometimes give it the direction which we wiſh it to take, while it does not prevent it from paſſing with eaſe along the urethra.

19. In paſſing a bougie it ſhould be kept firm between the finger and thumb of the right hand, and puſhed gradually forward till it reaches the ſtricture; but when it has got this length, it commonly anſwers better to twirl it ſlowly between the finger and thumb, taking care to puſh it gently

forward at the ſame time. At leaſt I often ſucceed in this manner, when the uſual method of puſhing it directly on has failed.

20. I have already obſerved that no more force ſhould be uſed in the introduction of bougies than is merely neceſſary for making them paſs; but it is proper to remark, that in the hands of a ſurgeon of experience, much more force may with ſafety be applied than others can with propriety venture to employ. By puſhing a bougie ſlowly and gradually forward, we often force it through ſtrictures without any diſcharge of blood taking place, while much pain and laceration is ſometimes produced even by leſs violence applied in a hurried or quick manner.

21. When we find upon trial, that a ſmall bougie, nearly the ſize of the opening, is made to paſs, no force will be afterwards required, if the bougies be gradually increaſed in ſize. But when we find,

find, upon repeated trials, that the paſſage cannot be diſcovered, and when we therefore mean to employ a greater force, bougies of greater ſtrength ſhould be uſed. Small ſized bougies, particularly thoſe of the common kind, are ſo eaſily bent that they ſhould never be employed where much force is required. I have known even ſurgeons of experience puſh forward bougies of this kind, and concluding that they had paſſed the ſtricture, have carried them on till they imagined they had nearly reached the bladder, when, on being withdrawn, they were twiſted up in the form of a cork-ſcrew, having never gone farther than the ſtricture.

With a firm, well-poliſhed bougie of elaſtic gum, well rounded at the end, and not ſmaller than a crow's quill, ſuch a force may be applied as will often ſucceed when no advantage can be derived from thoſe of a ſmaller ſize; nor ſhould we deſiſt although our firſt trials have proved unſucceſsful, for ſtrictures are often removed

moved by perſeverance when no advantage was gained at firſt.

I have reaſon indeed to imagine, from what has happened in the courſe of my own experience, that few caſes will occur which may not ultimately be cured by bougies. But when they do, in what manner are we to proceed? When every trial that we dare make with bougies fails, what are we to do? This, it is evident, muſt depend entirely upon the ſtate of the parts affected, and upon the degree of obſtruction which takes place.

If there is ſtill ſuch an opening left as admits the urine to paſs with tolerable eaſe, I would adviſe nothing farther to be done. A patient, in ſuch a ſituation, had better ſubmit to the inconvenience of paſſing it ſlowly, and even frequently, than to the operation of removing the ſtricture, which conſiſts in laying the obſtructed part of the urethra open, and in the frequent introduction of a bougie while the proceſs of reunion is taking place between the divided parts. But this operation is ſo highly important;

portant; it is attended with ſo much pain, and with ſuch uncertain ſucceſs, that no practitioner of experience will adviſe it while the urine is not almoſt entirely obſtructed; and long before this commonly happens, the ſituation of the parts between the ſtricture and the bladder is ſuch as to induce the patient more readily to ſubmit to any neceſſary operation than he ever would have done in a more early ſtage of the diſeaſe. Whenever the ſtricture excites much difficulty to the flow of urine, that part of the urethra lying between the ſtricture and bladder is neceſſarily diſtended on every attempt to paſs it. This frequent diſtention at laſt weakens the lining membrane of the urethra: the urine is at firſt in ſmall quantities, afterwards in larger, forced into the ſurrounding cellular ſubſtance: this forming one or more ſmall tumours, at laſt burſts out through a correſponding number of openings, either in the perineum, or in the cellular part of the ſcrotum. At leaſt this is the uſual progreſs

of

of ſuch tumours when the ſtrictures in the urethra by which they were produced cannot be removed.

This is the moſt frequent cauſe of the diſeaſe we have already had occaſion to mention, Fiſtula in Perineo, in which the urine continues to flow out at the newly formed openings, as long as the ſtrictures in the urethra are allowed to remain, and which accordingly, as I have already obſerved, makes the patient eaſily ſubmit to any operation that may be requiſite for their removal. In ſuch circumſtances nothing will anſwer if the diſeaſed parts be not freely laid open. A ſtaff being introduced to the depth of the ſtricture, and a ſmall probe paſſed in at one of the openings, and carried to the oppoſite ſide of the ſtricture, the intermediate ſpace ſhould be laid open by an inciſion in the direction of the urethra. In this manner the cauſe of obſtruction will be diſcovered and removed, and the other ſinuſes communicating with the urethra being likewiſe laid open, a cure, even of the worſt caſes

that

that occur, may thus be frequently obtained. To enter more fully into the conſideration of this operation, and of the after treatment of the ſores, would here be improper, as it would extend this article to an unneceſſary length. It could not be done with preciſion and clearneſs without entering upon the general doctrine of fiſtula, and upon the different methods of cure that have been propoſed for it; and as this has been done in a different work, I muſt now refer to what I had then occaſion to ſay upon it *.

Before concluding the conſideration of ſtrictures in the urethra, I think it neceſſary to notice a method of cure that has been propoſed where we fail in the introduction of bougies; the repeated introduction of cauſtic into the urethra, with the view of deſtroying the cauſe by which the ſtricture is produced.

This practice prevailed upwards of a hundred years ago, but being both hazardous and uncertain, it appears ſoon to

* Vide Syſtem of Surgery, chapters xxxiii and xxxviii.

have been relinquiſhed. It has lately, however, been revived, or rather an attempt has been made for reviving it, by the late Mr Hunter of London, and ſtill more lately by Mr Home. But as I conſider the practice as attended with danger, and not likely often to anſwer the purpoſe, I ſhall briefly ſtate what leads me to form this opinion, not only that others may be prevented from going hurriedly into it, but as the means of bringing out farther information with regard to it; and if future experience ſhall ſhew, that cauſtic can be employed as a ſafe and effectual remedy in the removal of ſtrictures, none will be more anxious than I ſhall be to enter freely into the practice, and in this manner to avow the error which in that caſe it muſt appear that I have at this time fallen into.

The introduction of cauſtic into the urethra muſt prove hazardous from two circumſtances; our not being able, even with all the pains that we can take, to apply it to the ſtricture alone, without injuring

juring the contiguous parts of the urethra; and the risk which there must always be of some small portion of the caustic breaking off and resting in the passage.

Mr Hunter has indeed invented a very neat apparatus for the introduction of caustic. It consists of a silver tube, open at both ends, nearly the thickness of a common catheter, with a port-crayon, somewhat longer than the tube, into which the caustic is fixed. A stillette, with a perfectly round end, is first passed through the tube, and if it be exactly fitted to the end of it, the two together may be carried with ease along the urethra till they come in contact with the stricture, when the stillette is to be withdrawn, and the port-crayon, with the caustic fixed in it, introduced. The caustic being applied to the stricture for about the space of a minute, must be withdrawn along with the instrument, and this must be repeated every two or three days till the cause of obstruction is removed.

This, from deſcription, appears perfectly ſimple, and of eaſy execution; but notwithſtanding the ingenuity of the invention, it is obviouſly liable to the two objections which I have mentioned, which may alſo be ſaid of the method of conducting the cauſtic by fixing it in the end of a bougie. We know, even where parts are uncovered, and therefore immediately under view, that it is difficult to deſtroy them with cauſtic, without injuring the contiguous ſound parts. In the urethra, therefore, where we receive no advantage from the eye, and where the ſlighteſt deviation of the inſtrument may fix the cauſtic upon the urethra itſelf inſtead of the ſtricture, there muſt evidently be much hazard from this circumſtance alone, independent of the chance of hurting the contiguous parts merely by the ſpreading of the cauſtic, admitting it to be applied with all manner of exactneſs.

Beſides, as the ſize of cauſtic that can be paſſed in either of theſe ways is exceedingly ſmall, there muſt always be

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ſome hazard of its ſlipping out or breaking off, from which the higheſt degree of diſtreſs would enſue; for it could not be extracted, nor could dilution be employed with ſuch effect as to prevent it from doing a great deal of miſchief.

Another very important objection occurs to this practice. A great proportion of ſtrictures are ſeated beyond the curve of the urethra, to which an inſtrument ſo ſtraight as a tube acting as the conductor of another body ought to be, cannot be carried. But Mr Hunter, foreſeeing the difficulty, has endeavoured to remove it by propoſing that the end of the tube ſhould be flexible, and of the ſame form with the common flexible catheter of ſilver. But this, while it apparently adds to the ingenuity of the invention, renders it evidently more hazardous. The ſmall point of cauſtic contained in the porte-crayon will be more apt to be broken or looſened in paſſing through a curved tube than through a ſtraight one, while it will

not be poſſible to apply it to any one point with ſuch firmneſs and ſteadineſs.

But even admitting that cauſtic may with ſafety be conveyed to the ſtricture, if the diſeaſe does not yield to bougies, the obſtruction will generally be found to be extenſive, and the quantity of cauſtic neceſſary for removing it ſo great, that the contiguous ſound parts of the paſſage would be much injured, whatever care and attention ſhould be employed in the application of ſuch an active remedy. On theſe accounts, it would appear, that for the removal of ſtrictures in the urethra, the application of cauſtic is either unneceſſary, or in a very conſiderable degree unſafe, and at the ſame time of very uncertain effect. Where ſtrictures are ſlight, a degree of force may be uſed with bougies, ſufficient for removing them. Whenever this can be done, none will doubt of the propriety of preferring them to cauſtic; and when ſtrictures occupy ſuch an extent in the urethra as to render our attempts with bougies unſucceſsful, there

there will be little or no room to hope that cauſtic will anſwer better. In other parts of the body we all know how difficult it is to remove even the callous edges of an ulcer with cauſtic. Nay, that new parts ſeem often to form below before the eſchar produced by a previous application of the cauſtic has come off. I have no heſitation, therefore, in ſaying, that in ſimilar affections of the urethra, proceeding to the extent which we here ſuppoſe them to have done, that cauſtic would either be altogether inadequate for the purpoſe, or that it muſt be applied in ſuch quantities as to be productive of much hazard.

In all ſuch circumſtances, it appears to me to be preferable to let the diſeaſe take its uſual courſe. The worſt that can probably happen, is the formation of ſinuſes behind the ſtrictures, and the diſcharge of urine from the openings which theſe produce. Few patients will long ſubmit to this, if a remedy can be obtained; but I conſider the cure of this ſtate of the diſ-

eaſe, by the mode of treatment already pointed out, as more certain, while it is obviouſly much leſs hazardous than the means propoſed for preventing it with cauſtic.

I have here continued an obſervation inſerted in the firſt edition of this work, that "The worſt that can probably happen in ſtrictures, is the formation of ſinuſes behind the ſeat of the obſtruction, and the diſcharge of urine from the openings which theſe produce." But, although this in a great proportion of caſes is correctly true, yet inſtances occaſionally occur of ſtill more diſtreſsful conſequences from ſtrictures. Since the firſt edition of this work was publiſhed, I have met with no leſs than three caſes, in all of which the cavity of the urethra was almoſt completely obliterated, from the neck of the bladder forward to the ſeat of the diſeaſe, which in all the three appeared to be directly behind the ſcrotum.

In all of them there was much reaſon to think, that a timeous and proper uſe of bougies

bougies would have proved effectual, but this being neglected, the paſſage in none of them would admit a bougie larger than a hog's briſtle. No advantage could accrue from this. Cauſtic, although uſed with much perſeverance in all of them, made no impreſſion; ſo that the patients are now living in great diſtreſs, with no other proſpect of relief than of that which they derive from large doſes of opiates; a misfortune which ſhould ſerve as a warning to all who are attacked with ſtrictures in the urethra, to employ bougies early, and never to deſiſt from the uſe of them while any degree of obſtruction is perceived.

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SECTION V.

Of deranged Senſations in the Bladder, Urethra, and contiguous Parts.

AS ſoon as the leading ſymptoms of Gonorrhœa become moderate, all the others uſually abate, and the patient, for the moſt part, conſiders the cure as complete ſoon after the diſcharge leaves him.

This, however, is not always the caſe, for it ſometimes happens that much diſtreſs is experienced, long after the diſcharge is gone; and as the ſymptoms which take place in this ſtate of the diſeaſe are of a nature which cannot be referred to any particular head, I have judged it proper to ſpeak of them in a ſeparate ſection.

Without any previous pain, a patient, who, from the diſcharge and other ſymptoms

toms of Gonorrhœa having ceaſed, has cauſe to ſuppoſe that his cure is complete, will be ſuddenly ſeized with uneaſineſs over his loins; painful feelings over all the region of the bladder, particularly about the neck of it; a ſenſe of wearineſs in the regions of the kidneys, which ſometimes becomes much pained; a conſiderable degree of uneaſineſs over the whole courſe of the urethra, particularly about the glans, and a painful ſenſation of rolling, and other unuſual motions, in the teſtes.

In ſome, theſe ſymptoms, which ſeem to be confined to the organs of urine and generation, take place either in whole or in part by themſelves. In others, they are conjoined with affections of other parts, chiefly with thoſe of the ſtomach and alimentary canal. In one caſe they were accompanied with regular attacks of cholic, which, from the pain being violent, there was cauſe to ſuppoſe were produced by inflammation, but which always ſubſided immediately on the ſymptoms being

ing removed by which it ſeemed to be induced. In different inſtances I have known ſickneſs and vomiting ſucceed to that painful uneaſineſs to which patients in this ſituation are ſometimes liable in the kidneys.

Diſtreſsful feelings frequently take place in the rectum, which give cauſe to ſuſpect, that in ſome inſtances they proceed from piles, and in others from tumours in the end of the gut. A painful teneſmus often accompanies this ſet of ſymptoms.

In ſome we meet with almoſt every ſymptom uſually produced by ſtone in the bladder. A dull, heavy pain is felt at the neck of the bladder, which ſpreads along the urethra, and fixes upon the glans. The patient is diſtreſſed with a frequent deſire to paſs water, and it often ſtops ſuddenly when coming off in a full ſtream.

In a few caſes ſymptoms of paralyſis occur, both in the bladder and urethra. The patient at one time finding it difficult, or even impoſſible, to force the urine out of the bladder, while in others it runs

off

off in drops, without his being able to retain it.

Theſe unequal ſtates of the power of paſſing and retaining the urine ſometimes occur alternately, ſeveral times in the courſe of the ſame day; while at times one of them will continue for ſeveral days together, and at laſt will diſappear ſuddenly, after having reſiſted every remedy that had been employed.

It will readily be ſuppoſed, however, that all of theſe ſymptoms will not probably occur at the ſame time in the ſame patient, but every practitioner muſt have met with all of them in different patients.

At the ſame time that they take place with ſome variety, we likewiſe meet with them in very different degrees. In ſome they are ſo ſlight as merely to excite a trifling degree of uneaſineſs, and ſo tranſient, that they come and go frequently in the courſe of the ſame day; while, in others, they are ſo fixed and permanent that the patient remains in a ſtate of conſtant diſtreſs,

treſs, and to ſuch a degree as he is ſcarcely able to ſupport.

In women, the bladder, kidneys, and abdominal viſcera, are equally liable to be affected as in men; and they are alſo apt to be diſtreſſed with uneaſineſs about the neck of the womb, and bearing-down pains, ſtretching to the thighs.

Even in the moſt firm-minded people the ſymptoms that I have deſcribed prove frequently very diſtreſsful; but where the mind is weak, and the imagination eaſily affected, they arrive in ſome inſtances at the moſt alarming height. In whatever degree they may appear, they are attributed to the preceding diſeaſe having either been improperly treated, or not completely cured; and when this happens in a mind prone to fears and anxiety, the diſtreſs which they are apt to excite, is in ſome inſtances ſo extreme, as can ſcarcely from ſuch a cauſe be ſuppoſed to exiſt. Whether a courſe of mercury be adviſeable or not, the patient is ſeldom ſatisfied till this medicine be preſcribed; for he is

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always afraid that his conſtitution will be ruined if mercury is omitted. If this proves ſucceſsful, or if he gets well when under it, he remains completely ſatisfied; but when this does not happen, as is the caſe moſt frequently, he then believes that he is incurable, and that his ſituation is deſperate. Every variety of noſtrum is now had recourſe to: by the effect of theſe, and ſtill more by the agony of mind under which he labours, his conſtitution at laſt begins to ſuffer; he gradually becomes weaker and emaciated; and if his life is prolonged, it is almoſt always a ſcene of anxious inquietude and diſtreſs.

The cauſe of all or any of theſe ſymptoms it is often impoſſible to explain. Were they to happen chiefly where the previous inflammation has run high, or where the patient, when under cure, had been particularly apt to indulge in venery, exceſs of wine, or bodily fatigue, one or other of theſe cauſes might tend to account for them. But this is by no means the caſe. They are met with as frequently where

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the diſeaſe has been of a mild nature, and where it was cured in an eaſy manner, as where the ſymptoms have been ſevere and obſtinate. Where this takes place, we are apt to ſuppoſe that they are moſtly, if not entirely, of an imaginary nature, and to treat them accordingly. This, to a certain degree, may be often proper, as it may fortify the mind of the patient againſt thoſe ill-grounded fears to which he might otherwiſe be expoſed; but we are not to ſuppoſe that ſymptoms of this deſcription are always ideal, merely from our not being able to account for them, or from the previous Gonorrhœa having been of ſuch a mild nature as we may imagine ought not to have produced them. I have met with inſtances of this, where the previous diſeaſe was exceedingly mild, and where no obvious affection of the parts was perceptible, and yet the violence of the diſtreſs in ſuch a degree as kept the patients in a ſtate of conſtant miſery.

Many of the ſymptoms that I have enumerated are ſuch as are produced by

tumours

tumours about the neck of the bladder, particularly by ſwelling of the proſtate gland, and by a contracted ſtate of the bladder itſelf. In ſuch caſes, the cauſe of the diſeaſe may often be diſcovered by examination with the finger in ano; but at preſent we are ſuppoſing that no organic affection of any kind can be perceived, an occurrence by no means uncommon, and in which I therefore conclude that the ſymptoms proceed from a deranged ſtate of the nerves, produced by the previous diſeaſe in the urethra. I have accordingly arranged all of them under one general head of Deranged Senſations; nor is there cauſe, from the nature of the remedies that uſually prove moſt ſucceſsful, to treat of them ſeparately, nearly the ſame courſe of treatment being found to anſwer in all of them.

Before proceeding to mention the remedies, I may obſerve, that although we cannot in any caſe ſay poſitively what will accompliſh a cure, I can with certainty ſay what will not anſwer. I have

already remarked, that patients in this ſituation are apt to ſuſpect that their ſymptoms proceed from the previous diſeaſe having been improperly treated. This leads them to imagine that a latent poiſon is ſtill lurking in the conſtitution, and mercury being the only certain antidote for the venereal poiſon, they always inſiſt upon this being preſcribed. Some practitioners, ſtill ſuſpecting that Gonorrhœa and Lues Venerea proceed from the ſame infection, conſider it neceſſary to preſcribe mercury for all the conſequences of each of theſe diſeaſes, while others are readily prevailed upon, by the ſolicitation of their patients, to permit what they may ſuppoſe it would not be in their power to prevent. But from all the experience which I have had of it, I am clearly of opinion that in this ſituation no advantage is ever derived from mercury, while, in a great proportion of caſes, it evidently does harm. By relaxing the conſtitution it renders it much more irritable than it was before, by which it tends to aggravate all ſuch

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ſymptoms as thoſe that we are now conſidering.

The remedies upon which we chiefly depend are, blood-letting, opiates, warm bathing, bliſters, cicuta, hyoſcyamus, electricity, Jeſuit's bark, and cold bathing.

When the conſtitution is already reduced and dibilitated, blood-letting muſt neceſſarily be inadmiſſible; but whenever plethora takes place, as is ſometimes the caſe, nothing proves more uſeful than blood-letting, both general and local, particularly the diſcharge of blood from the perineum and parts contiguous to the anus, by the application of leeches. In ſuch circumſtances it removes or leſſens irritability with more certainty than any other remedy. Even where there has been cauſe to ſuſpect a tendency to paralyſis in the bladder and contiguous parts, leeches applied near to the ſeat of the diſeaſe have proved uſeful; nor need we ever heſitate to adviſe them where the patient is not much emaciated. But the remedy which here proves moſt univerſally uſeful is

opium. It not only ſooths and allays the preſent diſtreſs, but when, by a well judged timeous application, we can for two or three weeks together prevent the acceſſion of pain, we in this manner often enſure a cure. It anſwers the purpoſe whether it be given by the mouth or in clyſters, but it proves always moſt effectual when given in ſufficient doſes by the anus.

The external application of laudanum, and of anodyne balſam, in ſome caſes affords relief, particularly when conjoined with æther. In thoſe deranged ſenſations which ſometimes occur in the perineum and about the neck of the bladder, immediate relief is often obtained by rubbing the parts affected with a mixture of warm laudanum and æther; and I have known a ſuppreſſion of urine ariſing from this cauſe, relieved in the ſame manner.

When opiates fail, or when they diſagree with the patient, the ſemicupium ſometimes ſucceeds. Warm fomentations applied to the perineum, and over the loins, often prove uſeful; and the ſteams of warm

warm vinegar, conveyed with attention to the parts affected, have likewiſe been uſed with advantage. The beſt article that we can employ in ſuch caſes for fomentations is a ſtrong decoction of the heads of poppies.

Bliſters, are perhaps the moſt effectual of all our external applications. It is chiefly, however, where the urethra ſeems to be the ſeat of the diſeaſe that they prove uſeful, and alſo where the neck of the bladder is become ſo weak as to be unable to retain the urine. In the former, bliſters act with moſt advantage when applied to the perineum, and in the latter they ſhould be applied to the loins. The moſt diſtreſsful ſenſations produced by this cauſe, and which for many years have obſtinately reſiſted every other remedy, have in ſome inſtances been removed by the application of a bliſter to the perineum. In ſome caſes one proves ſufficient; but in others they require to be repeated once and again before all the ſymptoms diſappear.

Upon the ſame principle with bliſters, our being able to excite a return of the diſcharge after it has ſtopped, or after it has been diminiſhed in quantity, has at times been productive of ſome benefit. This may be done by fomenting the penis and perineum, with warm water; the application of warm poultices to the perineum, and by a cautious uſe of bougies. The practice was probably ſuggeſted by the ſymptoms having in ſome inſtances been removed by the patient getting a freſh attack of Gonorrhœa from a new infection; different caſes of which I have met with.

In all ſuch inſtances, if the inflammation recently induced is conſiderable, the previous ſymptoms are thereby either much diminiſhed in violence, or entirely removed. This would lead to the practice of exciting an inflamed ſtate of the parts in a conſiderable degree, which bougies never fail to do, if covered with oil of turpentine, in which a ſmall quantity of common reſin is melted; but as much harm might be done by carrying the practice

tice too far, it ſhould in every inſtance be managed with the greateſt delicacy and care.

It may be proper to remark, that the introduction of ſtimulating bougies proves chiefly uſeful where the diſeaſe is confined to the urethra; although, in ſome caſes, it has anſwered even where the bladder and kidneys have been affected.

Where the urine paſſes off involuntarily, bliſters, as I have already obſerved, anſwer with moſt certainty when applied to the loins. This ariſes perhaps from the cauſe of the diſeaſe in theſe inſtances lying in the bladder itſelf: but, where it proceeds, as it may ſometimes do, from a tendency to paralyſis in the urethra and muſcles connected with it, bliſters prove moſt uſeful when applied to the perineum.

Where the urine paſſes off in this manner, balſam of copaiba, and other aſtringents are uſually given. They are ſuppoſed to act chiefly by reſtoring the tone of ſuch parts as appear to be relaxed and

weakened, and which it is imagined they muſt do, from their having a peculiar tendency to paſs off by the organs of urine. In like manner the internal uſe of cantharides is preſcribed, from an idea of this ſymptom depending, in every inſtance, on a loſs of tone in the parts affected, and from our knowing, that in moſt caſes, cantharides proves a powerful ſtimulus both to the kidneys and bladder.

All of theſe balſams, as well as the common turpentines, which are not eſſentially different, may in all ſuch caſes be uſed with ſafety. In ſome inſtances they may perhaps prove uſeful, and I do not imagine that they will ever do harm. This, however, cannot be ſaid of the internal uſe of cantharides. In large quantities they act as a poiſon: and even where managed with caution, the principle of the practice, ſeems in ſuch caſes as we are now conſidering, to be doubtful; for as there is cauſe to ſuppoſe that the diſeaſe proceeds more frequently from too much irritability about the neck of the bladder

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and urethra, than from any deficiency of tone, there is reaſon to fear, that by increaſing the ſenſibility of the parts affected, they would in many inſtances be more apt to do harm than good. It is therefore proper, previous to the internal exhibition of cantharides, to determine with accuracy whether the diſeaſe proceeds from weakneſs or morbid irritability. In the one caſe they may ſometimes prove uſeful; in the other they will be apt to add to the violence of the diſeaſe.

Cicuta is frequently preſcribed here; and when given to ſuch extent as to act as an anodyne, it may ſometimes prove uſeful. Upon the ſame principle, hyoſcyamus may with propriety be given; but we have no reaſon to ſuppoſe that either this medicine or opium act in any other manner than as anodynes, in the cure. As no organic affection appears to take place, they cannot act by diſſolving hard or enlarged parts. Any advantage derived from them will therefore be nearly in proportion to the anodyne effects which they produce; ſo that

that they may prove uſeful wherever opiates cannot be employed.

Electricity has been known to give temporary relief to ſymptoms of this kind; and it appears to anſwer beſt when taken in ſparks from the parts chiefly affected, particularly from the perineum, and parts moſt contiguous to the neck of the bladder.

It is proper, however, to remark, that the ſame obſervations are applicable in uſing electricity that were made upon the internal exhibition of cantharides. Both of theſe remedies, as well as bliſters to the loins, have been chiefly preſcribed, where the urine paſſes off involuntarily, and they are adviſed upon the ſuppoſition of this ſymptom proceeding from paralyſis of the neck of the bladder. But as there is cauſe to imagine that the frequent diſcharge of urine, with which patients in this ſituation are ſometimes diſtreſſed, proceeds more from irritability in the neck of the bladder than from real weakneſs, there is reaſon to think that electricity,

electricity, by increaſing the ſenſibility of the part affected, which in ſome inſtances I have known it do, will rather tend to aggravate the complaint.

Bliſters, whether applied to the loins or perineum, may prove uſeful, not merely by the diſcharge which they excite, but by the irritation which they produce upon the ſkin. We know that pain and irritability may often be removed from one part by exciting it in others. Of this we have frequent proofs in the application of bliſters and other ſtimulants in deep-ſeated pain in the ſide, where immediate relief is often obtained as ſoon as the ſkin becomes warm and uneaſy, and long before any veſications are produced. Sinapiſms applied to the feet, have, in ſome inſtances, removed head-ach when every other remedy has failed. In like manner, bliſters ſeem to operate when applied to the perineum for the removal of thoſe ſenſations to which patients in this ſituation are ſometimes liable. But electricity, as well as the internal uſe of cantharides, by tending

tending to irritate the very parts in which the diſeaſe is ſeated, ſeem often to increaſe the violence of the ſymptom they were meant to remove.

Perſeverance in the uſe of one or other of theſe remedies ſeldom fails to leſſen or even entirely to remove the diſtreſs; but the ſymptoms being apt to recur, even after the patient conſiders himſelf as well, it becomes an important object both to the patient and practitioner that this ſhould be prevented. With this view, we adviſe a liberal uſe of Peruvian bark and cold bathing. A free exhibition of bark ſhould be preſcribed, as ſoon as the pain and other ſymptoms begin to diminiſh, together with ſea-bathing whenever it can be got. Where the patient does not live contiguous to the ſea, cold water ſhould be applied locally, both to the perineum and loins. Some advantage is derived from the parts being merely bathed in cold water, but it proves more effectual when forcibly daſhed upon them.

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An involuntary diſcharge of urine which I have already had occaſion to ſpeak of, proves always troubleſome; but the diſtreſs ariſing from this is trifling when compared with that which proceeds from the patient not being able to expel it. Even without inflammation, and where no cauſe of obſtruction can be diſcovered in the urethra, a patient will ſometimes find it impoſſible to paſs a ſingle drop. This, we no doubt often meet with from other cauſes; but it is alſo occaſionally the effect of that irritability which Gonorrhœa ſometimes excites over the whole organs of urine and generation.

In plethoric patients copious blood-letting ſhould be adviſed. We ſometimes excite an immediate flow of urine by the operation of a briſk purgative, particularly by that of a ſtimulating injection. Warm fomentations applied to the abdomen, over the perineum, ſometimes prove ſucceſsful; but our moſt effectual remedies are opiates and warm bathing. The whole body ſhould be immerſed in water,

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heated to the 95th or 96th degree of Farenheit's ſcale, and kept in it for the ſpace of twenty minutes at leaſt, and if immediately thereafter an opiate glyſter is given, relief will commonly be obtained; but when this does not ſoon happen, particularly when the bladder is much diſtended, the water ſhould without farther delay be drawn off with a catheter. In this ſituation no time ſhould be loſt. By delays we not only add to the temporary diſtreſs of the patient, but to the difficulty of paſſing the catheter, as well as to the real danger with which a total ſuppreſſion of urine is at all times accompanied, from whatever cauſe it may ariſe.

In ſome caſes the introduction of a bougie will anſwer the purpoſe; and as this gives leſs pain and irritation than a catheter, it ſhould in the firſt inſtance always be preferred. One of the largeſt that will eaſily paſs ſhould be employed; and, after allowing it to remain in the bladder for a few minutes, the patient ſhould endeavour to paſs water inſtantly

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on the bougie being withdrawn. This ſhould not be done with much force and preſſure, otherwiſe the neck of the bladder and urethra are apt to contract inſtantly on the bougie being taken out; while the whole will paſs completely off if it can be made to flow eaſily at firſt, along with the bougie.

When this our intention of employing bougies is fruſtrated, we are under the neceſſity of employing the catheter; and, as it is of much importance, in all ſuch caſes, to prevent irritation as far as it can poſſibly be done, catheters of reſina elaſtica ſhould be employed, inſtead of the common inſtrument of ſilver. It not only paſſes more eaſily, but when difficult to introduce, it may, in ſome inſtances, be proper to leave it for a day or two in the bladder, which can never, with propriety, be done with catheters of ſilver.

The practice of leaving catheters in the bladder is ſpoken of by ſome with much eaſe, and they adviſe it wherever any permanent ſtoppage occurs to the urine; but

I have in different inſtances ſeen ſo much miſchief produced by it, that it is a meaſure I never adviſe but where much pain and difficulty is experienced on the introduction of a catheter. In moſt inſtances, more pain is produced by allowing the inſtrument to remain in the bladder than ever occurs from its being frequently paſſed. Beſides the irritation which even the ſmootheſt and ſofteſt inſtruments of this kind excite, they are apt to prove hurtful by incruſtations of calculous matter forming upon them, in conſequence of depoſitions from the urine. The urine of few people is ſo free of this kind of matter as to prevent a catheter, inſerted into the bladder, from becoming rough with it in a very ſhort ſpace of time. This practice, therefore, ſhould never be adopted but from real neceſſity; and in every inſtance where this ſhall happen, a preference, as I have already obſerved, ſhould be given to catheters of reſina elaſtica.

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SECTION VI.

Of Swellings of the Teſticles.

A SWELLING of one of the Teſtes is a frequent occurrence in Gonorrhœa. From the reſemblance which in ſome circumſtances it bears to a hernia, and from its being ſuppoſed to proceed from the running or humour in Gonorrhœa falling down upon the teſtes, it is uſually termed a Hernia Humoralis.

In ſome inſtances both teſticles ſwell. They ſeldom, however, ſwell both at once; but the ſwelling, on leaving one teſticle, is very apt to go to the other; and when both have in this manner been affected, they ſometimes ſwell alternately for a conſiderable time together. I have known this happen for the ſpace of a year and upwards, where the patient, during the

whole period, was never completely free of the diſeaſe.

When the ſwelling has been of long duration, the pain becomes inconſiderable; but at firſt it is always ſevere. The firſt warning which a patient receives of it, is a very painful ſenſation in one of the teſtes, ſtriking along the ſpermatic cord, up to the middle of his back. On examining the teſtis he finds it ſwelled, and ſo tender that he can ſcarcely bear it to be touched. He feels himſelf hot, and a general uneaſineſs prevails over his whole frame; particularly over his thighs and abdomen. Neither can he move without increaſing the violence of every ſymptom.

At firſt the ſwelling is confined to the epididymis; the back part of the teſticle feels hard and enlarged; but in a very ſhort ſpace of time, often in the courſe of an hour, the whole body of the teſticle becomes ſwelled. In this ſtate of the diſeaſe a difference is ſtill perceptible between the teſtis itſelf and the epididymis.

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The latter is hard, and ſomewhat unequally ſo; being, for the moſt part, hardeſt and moſt prominent at the bottom: whereas a ſoft, uniform ſwelling prevails over all the anterior part of the teſticle.

In the progreſs of the diſeaſe, indeed, even the teſtis itſelf becomes hard, and if the means employed for preventing it do not prove ſucceſsful, the ſwelling of the epididymis and teſtis together, come to form a tumour of great magnitude, accompanied with a red, inflammatory appearance of the ſcrotum.

In this ſtate of the diſeaſe, the pain is often intenſe, and accompanied with a very diſtreſsful rotatory motion of the teſtis. The ſkin is dry and parched; the tongue foul; thirſt prevails; and the pulſe is full, and quick. In ſhort, every ſymptom takes place which uſually attends a high degree of local inflammation.

There is no period of Gonorrhœa in which this affection of the teſtis does not occaſionally ſupervene. It occurs in all ſtages of the diſeaſe; even towards the

end of it, when both the patient and ſurgeon are apt to conſider the cure as nearly complete: and in ſome we find it take place where no cauſe can be aſſigned for it; where neither the degree of the previous inflammation, nor the mode of life of the patient, were ſuch as could in any ſatisfactory manner account for it.

It is proper, however, to remark, that ſwellings of the teſtis which take place in this manner, ſeem, for the moſt part, to be of a very different nature from thoſe which occur during the virulent ſtate of the diſeaſe, and while the inflammation in the urethra is conſiderable. The latter appear to be purely inflammatory. The diſeaſe proceeds more ſlowly to its height or acmé. It remains more permanently at the ſize to which it arrives, and it diſappears more ſlowly than the others; which come to their utmoſt height, in ſome inſtances, in an hour or two from the firſt approach of the ſwelling, and again diſappear with equal rapidity. Theſe I conceive to be partly inflammatory, and tha

in part they proceed from that kind of ſympathy which evidently ſubſiſts between the penis and teſtis, and which renders the one very apt to ſuffer from any diſeaſe with which the other may be affected.—And, that ſympathy has much influence in exciting it is obvious, from the ſwelling being apt to leave one teſtis, as I have already obſerved, and to fix, perhaps inſtantly, upon the other.

As it is obſerved that the diſcharge in Gonorrhœa is apt to ſtop on the firſt appearance of a ſwelled teſticle, this gave riſe to the idea of the diſeaſe in the teſtis being produced by the matter falling down upon it from the urethra. It is now well known, however, that no communication ſubſiſts between the urethra and teſtes, by which matter can paſs from the one to the other; nor does the appearance which a ſwelled teſticle affords give reaſon to imagine that it proceeds from this cauſe. Inſtead of being ſoft and compreſſible, which it neceſſarily would be were it produced by matter, it becomes daily

harder, till it arrives at a certain magnitude, when it gradually becomes ſofter again, but without any fluctuation of matter being perceived in it.

There is reaſon to think, that in moſt inſtances the teſticles ſwell by the inflammation ſpreading from the urethra along the vaſa deferentia. This has been doubted by ſome, but without any good reaſon being aſſigned for it, nor has any other mode of accounting for it been ſuggeſted. We ſee that by the vaſa deferentia a direct communication takes place between the urethra and teſtes, and the firſt appearance of a ſwelled teſticle commences in the epididymis, formed as it were by the termination of this very line of communication. In a great proportion of caſes too, the patient is ſenſible of a pain ſtretching from the ſwelled teſticle along the groin, which we know to be the direct courſe of the vas deferens.

A variety of other cauſes might be mentioned, which tend to excite inflammation in the teſtes in a ſimilar manner with Gonorrhœa:

norrhœa: among theſe are, the irritation produced by a ſtone in the neck of the bladder; the irritation excited by the introduction of a catheter or bougie; and the inflammation which takes place in theſe parts after the operation of lithotomy. A ſwelling of one or both of the teſtes is not an unfrequent occurrence from all of theſe cauſes; particularly from the latter, as well as from the uſe of bougies when not properly introduced; and we ſee no manner in which it can be ſo readily produced as by the irritation excited about the neck of the bladder being carried along the vaſa deferentia.

The conſequences of ſwelling of the teſtes, which we have moſt to dread are, a hardened ſtate of the parts, chiefly of the epididymis; which, even when one, but more certainly when both teſtes are ſwelled, is apt to be followed by impotency; and a morbid irritability, which is ſometimes ſo great as to prevent the patient for a conſiderable time from uſing exerciſe, and from following the ordinary occupa-

tions of life, without hazarding a return of the ſwelling of the teſtes. Suppuration in the body of the teſtes, from the inflammation induced by Gonorrhœa, is hardly an object of regard, for it does not take place in one of five hundred caſes.

But the two circumſtances I have mentioned of a permanent hardneſs in the epididymis, and that diſtreſsful irritable ſtate of the teſtis itſelf, which are apt to ſucceed to this diſeaſe, are objects of the firſt importance, and require an immediate application of every remedy that can probably tend to prevent them. Scarcely any occurrence can prove more diſtreſsful or inconvenient than ſwellings of the teſtis; and an enlarged ſtate of the epididymis, when it takes place in both teſtes, and in any conſiderable degree, has, in many inſtances, as I have already obſerved, the effect of inducing impotency. To a certain degree, a ſwelling of the epididymis often continues for a great length of time; in ſome inſtances, during the life of the patient, without any bad conſequence

quence taking place, particularly when one teſticle only is diſeaſed. But I have known ſo many inſtances of the contrary, and of ſuch diſtreſsful effects taking place from it, as makes me with confidence ſay, that nothing ſhould be omitted that might probably tend to prevent or remove it.

As we find that all the ſymptoms of this diſeaſe, as well as the conſequences which enſue from it, are uſually ſevere in proportion to the degree of inflammation which takes place, it ſhould in every inſtance be our view, to prevent it. This is moſt effectually done by blood-letting; a moderate uſe of laxatives; opiates; the application of anodynes and aſtringents to the parts affected; preſerving the body in a proper poſture, and ſuſpending the teſticle.

Of all theſe remedies blood-letting is the moſt effectual and certain, particularly local blood-letting with leeches. In plethoric patients, or where the ſwelling arrives at any conſiderable bulk, blood ſhould be taken from the arm in ſuch quantities

as

as the ſtrength will permit, while, at the ſame time, a number of leeches ſhould be applied over the ſcrotum. But in weakly people, particularly where none of the ſymptoms are violent, the abſtraction of blood with leeches alone will commonly prove ſufficient.

The firſt application of leeches to a ſwelled teſticle excites a good deal of uneaſineſs. They increaſe the irritability of the parts, and an increaſe of the tumour ſeems to be induced by them; but the diſcharge has ſeldom continued for the ſpace of an hour or two till the pain abates; the tenſion, which before was conſiderable, becomes much leſs diſtreſsful; the ſwelling even appears to leſſen in bulk, and in the courſe of the following day the patient can allow the parts which he could not previouſly bear to be touched, to be handled with freedom.

For the moſt part one application of leeches, if a proper number has been uſed, proves ſufficient; but when any of the ſymptoms ſtill continue ſevere, particularly

larly when the ſwelling does not diminiſh, when the pain does not leſſen, and the febrile ſymptoms do not abate, it becomes in ſome caſes neceſſary to repeat the application once and again. I think it here proper to remark, that we ſhould never heſitate in this ſituation to take blood with freedom. A conſtitution muſt be delicate indeed that will be injured even with ſeveral applications of leeches; and I am convinced that in every inſtance very important advantages may be derived from a proper and timeous uſe of them.

Abſtraction of blood by means of leeches is not only uſeful in ſhortening the duration of the inflammatory ſymptoms; but, in conſequence of this, it ſerves to prevent two very diſtreſsful conſequences which ſwelling of the teſtes is very apt to induce; that ſwelled, indurated ſtate of the epididymis which I have mentioned, and the moſt frequent variety of hydrocele, formed by ſerum collected in the tunica vaginalis. I have already had occaſion

occaſion to remark, that a permanent ſwelling of the epididymis is a very frequent effect of an inflamed teſticle, and I have met with ſeveral well-marked inſtances of hydrocele proceeding from the ſame cauſe. That blood-letting in any way, whether general or local, will at all times prevent the acceſſion of theſe ſymptoms I will not pretend to aſſert; but, from the reſult of much obſervation, I am convinced that it anſwers this purpoſe with more certainty than any other remedy that has yet been employed.

In many ſituations leeches cannot be procured: In this caſe ſmall punctures ſhould be made on different parts of the ſwelling with the point of a lancet; and if the ſcrotum be previouſly immerſed in warm water, nearly the ſame quantity of blood may be obtained from them as from the ſame number of leeches.

As ſwelling of the teſticle in Gonorrhœa ſeems in every inſtance as I have already obſerved, to proceed from irritation in the urethra, it is an object of the firſt importance

importance to remove every cauſe that can tend to irritate either the urethra or contiguous parts. Hence, where coſtiveneſs prevails, gentle laxatives prove uſeful. I have known ſwellings of the teſtes in different inſtances induced by hardened fœces in the rectum; and nothing tends more certainly than this to keep up the diſeaſe, by whatever cauſe it may at firſt have been produced. But although coſtiveneſs is to be guarded againſt, we are, for a ſimilar reaſon, to ſhun the oppoſite extreme. Strong purgatives always excite much irritation in the rectum, and are therefore to be carefully avoided in Gonorrhœa. It muſt conſiſt with the knowledge of every practitioner that draſtic purgatives always do harm. Where the bowels are moderately open, no medicines for this purpoſe are required; otherwiſe, caſtor oil, flowers of ſulphur, cream of tartar, or any other gentle laxative, ſhould be employed. Even theſe ſhould be given in ſmall doſes, repeated at proper intervals, rather than to incur the riſk of exciting irritation

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in the rectum by giving them in large quantities at once.

With a view to leſſen and remove the irritation and pain in the tumour with as much certainty and expedition as poſſible, opiates ſhould be preſcribed immediately on the pain becoming ſevere. When this can be avoided till one or more eaſy ſtools are procured they prove moſt uſeful; but when much irritation prevails no regard ſhould be paid to this. As the ſickneſs and general uneaſineſs often ariſing from a ſwelled teſtis are evidently the effect of irritation, nothing proves ſo effectual in removing theſe ſymptoms as adequate doſes of opiates; and at the ſame time that they remove this diſtreſs of the ſyſtem by leſſening the pain, they alſo tend to carry off the ſwelling of the teſtis. From an idea that opiates tend to increaſe the heat and other ſymptoms of fever, many practitioners are afraid of uſing them wherever fever takes place; but much experience of their influence enables me to ſay that they may be employed both with

with ſafety and advantage in every ſtage of ſwelled teſtis where the degree of pain is conſiderable.

This is ſo remarkably the caſe indeed, that I have known inſtances of the hernia humoralis, as it is termed, being cured by opiates alone, which did not yield to the uſual remedies. In whatever manner Gonorrhœa may act in exciting ſwelling of the teſtis, the tumour, when once produced, excites ſo much irritation, that, till this is leſſened, the ſwelling for the moſt part continues obſtinate. Next to bloodletting, therefore, opiates prove often our moſt effectual remedy.

While the internal exhibition of opiates thus proves uſeful, advantage is often derived from applying them to the ſwelling itſelf. This may be done, either by the application of ſoft pledgits, ſoaked in laudanum, or anodyne balſam; or by poultices made with a ſtrong decoction of poppy heads and crumb of bread.

All the ſaturnine applications prove uſeful here. When Goulard's extract, as it

is

is termed, is employed, or what is nearly the ſame, acetum lythargyrites, it ought to be in greater quantities than are uſed in other parts of the body; for the teſtes being protected by different coverings, remedies of this kind, and of the ordinary ſtrength, do not readily affect them. When ſaccharum ſaturni is employed, as it does not in large quantities diſſolve in water if vinegar be not added, and as vinegar proves an uſeful application even by itſelf, the two remedies ſhould for this reaſon be combined.

The ſteams of warm vinegar alſo act as an uſeful diſcutient. They are with moſt convenience applied, by ſuſpending the teſtes over a veſſel in which boiling vinegar is contained; or the ſwelling may be fomented from time to time with flannel immerſed in warm vinegar, and ſo ſtrongly wrung, that nothing but ſteam remains upon it. Vinegar, in every form, acts with much advantage in this diſeaſe, and this gives a pleaſant variety in the way of applying it.

Whatever

Whatever remedy is employed the body ſhould be kept as much as poſſible in a horizontal poſture, at the ſame time that the ſcrotum ſhould be properly ſuſpended. We find by experience that no remedy will act with certainty while the patient continues to walk about; while a horizontal poſture of itſelf will often have a conſiderable effect. In ſuſpending the ſcrotum, care ſhould be taken to do it in ſuch a manner that the teſticle is completely ſupported, without being compreſſed. Preſſure, even in a ſlight degree, always does harm, and ought to be avoided.

We have already had occaſion to obſerve, that in Gonorrhœa a ſtoppage of the diſcharge often takes place on the firſt approach of a ſwelled teſtis. This leads to the idea of ſome advantage being to be derived from our exciting a recurrence of the diſcharge; and there is not a doubt of its proving in ſome inſtances uſeful. The diſcharge from the urethra not only leſſens the inflammation in the part from whence it proceeds, but it has

alſo an influence on the tumour of the teſtis. As it is now univerſally admitted that a return of the running does not act by drawing matter directly from the teſtis, ſome have ſuſpected that it can never prove uſeful. But why may not a diſcharge excited in the urethra act in a ſimilar manner in removing an inflammation of the teſtis, that we know from daily experience happens with ſetons and other iſſues in the treatment of local inflammation of other parts? The fact indeed, is, that a plentiful return of the diſcharge very commonly relieves all the ſymptoms of this diſeaſe.

For the purpoſe of exciting a return of the running, bougies prove moſt effectual; but in affections of the teſtes they require to be managed with a delicacy not uſually obſerved in this branch of practice: for if more pain or irritation is produced than is neceſſary for the purpoſe, inſtead of acting as a remedy, they neceſſarily aggravate every ſymptom. In common practice, I think it better to truſt to the frequent

quent application of warm emollients; ſuch as the immerſion of the penis in warm milk, or in decoctions of althea or lint-ſeed; applying warm poultices over the penis, and injecting warm oil or milk into the urethra.

From the inſtantaneous manner in which ſwelling of the teſtes ſometimes ſucceed to a ſtoppage of the diſcharge in Gonorrhœa, and from their appearing, we are told, in ſome inſtances, even to precede this ſtoppage of the running, ſome have doubted whether they are to be conſidered as the cauſe or effect*. That the teſtes may firſt inflame, and the running afterward ſtop, cannot be doubted. But although this may happen in a few inſtances, the very reverſe is what we commonly meet with, inſomuch that patients who have once been affected with ſwellings of the teſtes, are very apt to experience a return of the diſeaſe in every Gonorrhœa to which they are in future liable, ſolely from the running being carried off in the uſual

* Vide John Hunter on the Venereal Diſeaſe.

way. I am acquainted with ſome, who, for this reaſon dare not uſe even the mildeſt aſtringent injection; otherwiſe they are ſure to have ſwelling of the teſtis induced; while, in others, it ſwells at the termination of the running, whether injections have been uſed or not. In the courſe of my obſervation, therefore, no cauſe of doubt upon this ſubject has ever occurred.

By a proper application of the remedies that have been mentioned, ſwellings of the teſtes are for the moſt part ſoon relieved, and at laſt are carried off entirely, excepting that permanent hardneſs to which the epididymis, as we have ſeen, is more eſpecially liable. But although this is the common event of the diſeaſe, yet inſtances are not wanting, moſt frequently indeed from the patient's miſconduct, of the whole body of the teſtis remaining ſwelled, and reſiſting obſtinately all thoſe remedies that uſually anſwer. If in this ſituation, ſome application be not employed by which the ſize of the tumour

mour is ſoon diminiſhed, and if it be allowed to remain ſtationary for any length of time, it is very apt to continue enlarged, and ſometimes of a ſchirrous hardneſs during the life of the patient. I may alſo remark, that it is this ſtate of the diſeaſe which is moſt apt to terminate in hydrocele, an effuſion of ſerum into the tunica vaginalis teſtis; a ſymptom with which in ſome inſtances it is accompanied.

In this ſituation mercury is commonly employed; and, in ſome inſtances, when given ſlowly, as an alterative, I have ſeen it prove uſeful; but it is doubtful whether a full courſe of mercury ſhould ever be adviſed or not, for when it does not carry off the ſwelling, which ſeldom happens, it is apt to increaſe it, and to induce pain and irritation in the tumour when none exiſted in it before. Whenever mercury, therefore, is adviſed, it ſhould be in ſuch quantities as cannot tend to quicken the circulation or excite fever. A decoction of mezereon has in ſome inſtances

been given with advantage along with mercury *.

It is in this ſtate of a ſwelled teſtis, where the tumour does not yield, but remains nearly of the ſame ſize after the inflammation by which it was induced is gone, that emetics are moſt likely to prove uſeful. They have been uſed, I know, in all periods of the diſeaſe; but it is chiefly in the ſituation that we are now conſidering that I have ſeen them act with advantage. A ſmart emetic, carried a proper length, will ſometimes, in the ſpace of an hour or two, leſſen the bulk of a tumour which for ſeveral weeks had obſtinately reſiſted every other remedy. In ſome caſes one emetic proves ſufficient, while, in others, the remedy muſt be repeated once and again. Mercurials were formerly uſed for this purpoſe. This was done from the diſeaſe being conſidered as a ſymptom of Lues Venerea, and for which mercury was known to be the only antidote. But we now know that tumours of the

* Vide Appendix, No. 45.

the teſtes, which take place merely from Gonorrhœa, never partake of the Venereal Virus; and accordingly emetics, of whatever nature they may be, prove equally uſeful here with mercurials, provided the ſhock which they give to the ſyſtem is equally conſiderable.

Electricity has by ſome been recommended in ſwellings of the teſtes; but from any trials that as yet I have made with it, I cannot venture to adviſe it as a general remedy in this diſeaſe ſo ſtrongly as others have done: If farther experience however of its effects ſhall place it in a more favourable point of view, I ſhall not fail in ſome other edition to acknowledge it. Electricity has certainly in ſome inſtances acted as a diſcutient in the removal of tumours in other parts of the body, and from ſome experiments I conceive that it proves chiefly uſeful by tending to promote abſorption; but in all of theſe caſes it was frequently applied, and in a more powerful manner than can commonly be done to the teſtes, which are ſo tender and

irritable that few can bear it applied to them in any conſiderble degree, or for ſuch a length of time as might enſure ſucceſs.

I have ſometimes, in this ſtate of a ſwelled teſticle, applied a bliſter over the whole ſcrotum with advantage. It would not be ſafe to apply bliſters while the ſcrotum continues much inflamed; but when the external inflammation and tenſion ſubſide, they may be adviſed with ſafety; and in different inſtances, I have known them prove ſucceſsful where other remedies had for ſome time been employed without any effect.

A due perſeverance in the uſe of ſome or all of theſe remedies will ſeldom fail, where the tumour of the teſtis is altogether inflammatory; but where it proceeds in a great meaſure from irritability, as we judge to be the caſe where it comes and diſappears ſuddenly, or where it comes and goes from one teſticle to another, other remedies in this ſituation, prove more effectual.

Even

Even in this variety of the diſeaſe bliſters ſometimes prove uſeful; and I have known the irritation removed, and the ſwelling carried off in the courſe of a ſhort time by opiates; but theſe afford only a temporary relief, and do not prevent the diſeaſe from returning on the ſlighteſt application of any of the exciting cauſes which uſually tend to induce it.

The remedies which here prove moſt effectual are cold bathing, and a plentiful uſe of bark. Sea-bathing, when the ſeaſon permits, ſhould in the firſt place be adviſed, but when this cannot be obtained, cold water may be uſed at home, with a proportion of common ſalt diſſolved in it. It anſwers a good purpoſe whether the whole body be immerſed in it, or merely the ſcrotum bathed in it; but, for the moſt part, I have thought that it proves moſt effectual when applied to the ſcrotum only. As bark and cold bathing act upon the ſame principle, that is, by giving tone and vigour to parts which we ſuppoſe

poſe to have been deprived of them, they may either be uſed together, or ſeparately, as the patient may incline. All who have been liable to frequent attacks of ſwelling in the teſtes, from whatever cauſe it may proceed, ſhould be adviſed for a great length of time, not leſs than ſeveral years, to wear a ſuſpenſory bandage.

The teſtes, we find, are apt to decay. One of them will begin to leſſen in bulk, and, in a gradual manner, will either diſappear entirely, or leave only a thin membranous ſubſtance in its place. For the moſt part the other remains ſound; but I have known inſtances of both becoming affected at the ſame time, and others in which the one remained entire as long as any part of that which was firſt affected was perceptible, but where it alſo began to decay as ſoon as the other was entirely deſtroyed.

This diſeaſe occurs at all periods of life, but moſt frequently after the 40th year. In many inſtances, no cauſe what-

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ever can be aſſigned for it; but I have obſerved that it is moſt frequent in people of delicate conſtitutions, where the muſcles are ſoft and relaxed, and the complexion wan and ſallow. I have alſo found that thoſe in whom it occurs, have, in almoſt every inſtance, been in early life particularly addicted to Onaniſm.

In a few caſes it has appeared as an evident conſequence of a ſwelled teſticle. On the fullneſs produced by the diſeaſe being removed, the proceſs of abſorption by which this was accompliſhed does not ſtop, but goes on till the whole teſtis is carried away. In ſome inſtances this takes place while the teſticle continues to the laſt of its natural degree of firmneſs, or even while the hardneſs ſtill prevails which occurred during the ſtate of inflammation by which the ſwelling was at firſt induced: but, in others, before this waſting proceſs commences, the teſticle becomes ſoft and pulpy, or even diſſolves into a fluid. It is ſeldom attended with pain, the patient being, in many inſtances,

ignorant

ignorant of his loſs, till one, or perhaps both teſtes, are nearly conſumed.

Hitherto no certain remedy has been diſcovered for putting a ſtop to this complaint. Mercury, hemlock, and electricity have been tried, but with no advantage. The cold bath has for a time ſeemed to prove uſeful, but the diſeaſe returned again, and both teſtes were diſſolved. In one caſe, where one of the teſtes was conſumed before the patient perceived it, and where the other was evidently affected, I applied a bliſter over it. This waſting proceſs ſtopped, and never recurred again. The patient is about 36 years of age. His inclination and powers of propagation, he ſays, are ſtill as ſtrong as they were before, and he has lately had a child.

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SECTION VII.

Of Swellings of the Spermatic Cord.

THE Spermatic Cord is liable to ſwellings of different kinds, but it is ſuch only as proceed from Gonorrhœa that we are here to notice.

It ſometimes happens that inflammation of the teſticle ſpreads to the cord, and excites pain and tumefaction along the whole courſe of it. At other times the cord inflames without any previous affection of the teſtis. It becomes tenſe, hard, and painful. The ſwelling, for the moſt part, is at firſt confined to the vas deferens, but at laſt the other parts of the cord ſuffer alſo.

I have met with ſome in which one or two tumified parts were perceived in the courſe of the cord, while the reſt of it remained

mained ſound; but, in general, the cord is equally affected, from the teſtis along its whole courſe up the groin.

As the diſeaſe is always, on its firſt approach, accompanied with pain and tenſion, and with ſome inability to walk, the patient is induced to treat it with attention; but, where the ſwelling is not ſoon carried off, the pain will ſometimes abate, or even vaniſh altogether; and in this ſtate, where the tumour is not conſiderable, the patient is led to ſuppoſe that no harm can ariſe from it: by this neglect the ſwelling often becomes ſo firm and hard that no remedies that we employ have any effect. In ſome caſes I have met with a hard ring, affecting the cord only at a particular ſpot, where the diſeaſed part was nearly as firm as bone, while the reſt of it was in a ſoft natural ſtate.

While the tumour is confined to one part of the cord I have ſeldom known it increaſe to any alarming degree, but whether it be circumſcribed, or extended over the

the whole length of the cord, no time ſhould be loſt in the application of remedies for its removal. Independent of other reaſons, if the vas deferens is particularly affected, ſo as to be compreſſed in its courſe, the teſtis will become as certainly uſeleſs as if it were extirpated: this, in ſome inſtances where even one ſide only was affected, has appeared to render the patient impotent, and it will never fail to do ſo where both ſides are diſeaſed.

The remedies that prove moſt effectual here are blood-letting, bliſters, and ſuch others as are uſually employed with advantage in ſwellings of the teſtis. Theſe I need not particularly enumerate, as they were fully conſidered in the laſt ſection; but it may be proper to remark, that blood-letting proves chiefly uſeful on the firſt approach of the diſeaſe, and in this ſtate, when properly applied, that it ſeldom fails to remove it. It may, in ſome caſes, be neceſſary to take blood from the arm, but the local diſcharge of it by leeches ap-

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plied to the part affected, is at all times to be more depended on.

Where the diſcharge of blood, however, does not ſoon leſſen the ſize and hardneſs of the tumour, we need not expect that afterwards it will prove of any avail. In this caſe I have repeatedly known bliſters prove uſeful when applied along the courſe of the cord; but neither are they to be truſted if ſome effect does not quickly reſult from them.

In partial circumſcribed tumours of the ſpermatic cord, a ſmall bliſter applied to the diſeaſed part, and preſerving it open as an iſſue with ointment of cantharides, has tended to reduce it, and in two inſtances of this, electricity appeared to prove uſeful.

Mercury is commonly employed here, and where the diſeaſe does not ſoon yield to blood-letting, bliſters, and electricity, it is perhaps the only remedy from which we have reaſon to expect advantage: but I have commonly found, where the ſwelling has been entirely removed by mercu-

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ry, that there has been much cauſe to imagine that the patient at the ſame time laboured under Lues Venerea. In ſome caſes the diſeaſe has ſubſiſted in an evident form of pox in other parts of the body, while, in others, there was only grounds for ſuſpicion; but, in all, the mercury ſeemed to operate with more certainty when conjoined with a decoction of mezereon and ſarſaparilla.

Mercury appears here to anſwer with moſt certainty in the form of frictions, and mercurial plaſters, act with more advantage in ſwellings of this deſcription than in any other in which I have ever known them uſed.

SECTION VIII.

Of Swellings of the Lymphatic Veſſels of the Penis.

WE know from the hiſtory of the Lymphatics, that they ſerve to inhale, and to carry into the general courſe of the circulation, not merely from the ſurface of the body, but from every other part of it, fluids applied to their open extremities. In this manner they remove from ſome parts what might prove hurtful if allowed to remain, and they carry into the conſtitution from others what is obviouſly meant for the nouriſhment and ſupport of it. But while this is their chief purpoſe, we alſo know that they carry into the ſyſtem what often tends to deſtroy it. They ſeem to have no power of rejecting what proves hurtful; hence they imbibe

imbibe poiſons, and the moſt inoffenſive articles, with equal readineſs. All our contagious diſeaſes are probably produced through the medium of the lymphatics, and we can prove by experiment that this is the caſe with many of them; particularly with the plague, the ſmall-pox, and Lues Venerea. So readily is the matter of theſe diſeaſes abſorbed by the lymphatics, that it can never with ſafety be applied to any part of the body; for ſo quickly does abſorption in ſome inſtances take place, that we have frequent proofs of infection being carried into the conſtitution, even after much pains has been taken to waſh away the matter by which it was produced, in the ſpace of a minute or two after being applied to the ſurface of the body.

For the moſt part we find that the lymphatics themſelves do not immediately ſuffer by the abſorption even of the moſt noxious matter. They will convey the poiſon of a viper and other ſerpents into the circulation, by which the animal will be killed in the ſpace of an hour, while no

veſtige of its effects will appear in the lymphatic veſſels themſelves. In like manner, the matter of Lues Venerea paſſes often into the conſtitution from the penis, without any ſwelling or other mark of diſeaſe being perceived in the lymphatics through which it was conveyed.

This, we muſt allow, however, is not univerſally the caſe. Inſtances ſometimes happen of the matter of Lues Venerea paſſing through lymphatics that are hard and ſwelled, but we know from daily obſervation that it is not a common occurrence. We find, indeed, that the lymphatic veſſels in every part of the body are apt to ſwell and inflame on cauſes capable of exciting irritation being applied to them. Thus we often obſerve the lymphatics of the arm, ſwell, become hard, and painful, from a prick in one of the fingers with a pin or a thorn, or even from a nail being cut too far into the fleſh; and in Gonorrhœa it is by no means uncommon to find a hard lymphatic paſſing along the back of the penis to the groin; ariſing, in ſome inſtances,

ſtances, from the prepuce, and in others from the urethra. But although this, as I have obſerved, occurs alſo in ſome caſes of Chancre, it certainly is not frequent. I think, too, that I have obſerved, where the lymphatics proceeding from Chancres have inflamed, particularly where the inflammation has been conſiderable, that the conſtitution has not been ſo apt to ſuffer as where this did not happen. From all which, I would conclude, that inflammation of the lymphatics, inſtead of indicating an increaſed power of abſorbing what is applied to them, as many have imagined, tends in a great meaſure to leſſen, and, perhaps, to deſtroy it. Till the fact however is farther aſcertained, which experience and obſervation alone can do, it would be improper to place any dependence upon this in the treatment of Chancres. In all caſes of Chancre, whether the lymphatics inflame or not, it would be imprudent to omit whatever might tend to render the conſtitution ſafe; but, finding that inflammation ſeems not only to leſſen the power

of abſorption in the lymphatics, but that they inflame from cauſes in which we know that no infection exiſts, as often happens from a prick or a cut with a clean inſtrument, we would from this alone be led to ſuppoſe that this affection of theſe veſſels which occurs in Gonorrhœa, proceeds more from irritation than from any other cauſe. This idea, however, is farther confirmed by the proofs that I have already adduced of Gonorrhœa being a local diſeaſe, as well as by our daily obſervation of the riſe and progreſs of theſe ſwellings. They commence with all the uſual ſymptoms of inflammation. A hard ſtring, or cord, is perceived along the back of the penis. It is painful to the touch, and the teguments above ſometimes acquire an eryſipelatous redneſs. The whole penis becomes ſtiff and uneaſy, and this renders erections painful.

In a great proportion of caſes the inflammation ſubſides quickly and eaſily; the ſtiffneſs and pain gradually abate; and the hardneſs of the lymphatic diſappears entirely:

entirely: but where the inflammation has either been ſevere from the firſt, or not properly treated, it proceeds in ſome caſes to ſuppuration, forming one or more ſmall abſceſſes in its courſe. The ſores, however, which enſue from theſe, heal readily when the conſtitution is otherwiſe healthy, forming a very manifeſt difference between Gonorrhœa and Lues Venerea. Similar affections in the latter, require, for the moſt part, a courſe of mercury to remove them. I ſay only for the moſt part, from having met with more than one inſtance of ſimilar ſores in Lues Venerea, ariſing from this cauſe, healing without the uſe of mercury; by which I am induced to think, that even in this diſeaſe, the lymphatics may ſwell and inflame merely from the acrimony of the matter, and that this inflammation may have ſome tendency, as I have obſerved above, to prevent the matter of infection from paſſing into the ſyſtem.

Where theſe tumours in Gonorrhœa are confined to the lymphatic veſſels, I have

commonly found that cold poultices, prepared with crumb of bread, and acetum lythargyrites, or ſaccharum ſaturni, prove more effectual than any other application. They remove the ſwelling and hardneſs, and leſſen the pain with more certainty than warm emollient poultices. But where the inflammation ſpreads over the penis, as it ſometimes does, it becomes neceſſary not only to diſcharge blood from the arm, but to apply leeches to the pained parts. This, with a low diet, and confining the patient to a horizontal poſture, very commonly proves ſucceſsful. But it ſometimes happens, either from the neighbouring parts becoming ſeverely inflamed, or from the diſeaſed lymphatic burſting, that effuſions occur in the contiguous cellular ſubſtance, and ſmall abſceſſes forming, they at laſt diſcharge their contents, and produce ſuch ſores as I have already had occaſion to mention.

The treatment of theſe ſhould be the ſame as that of ſores proceeding from any other cauſe in which the conſtitution is not

not diſeaſed. When their edges are hard and inflamed, emollient poultices prove uſeful. For the removal of ſloughs and foulneſs, red precipitate, ointment of verdigris, or even cauſtic, may be neceſſary; and for inducing a cicatrix nothing anſwers better than unguentum e calce zinci, or ceratum e lapide calaminare*.

In different inſtances of hardened lymphatics in Gonorrhœa, I have found beſides the firm cord on the back of the penis, a thin, flat, hard tumour, proceeding from this cord, ſpread round the whole ſubſtance of the penis, for the breadth of a quarter of an inch. In ſome this flat kind of tumour was contiguous to, and immediately behind the glans. In one caſe it was near to the pubes. This laſt paſſed round the urethra, which it graſped ſo firmly as to give cauſe to ſuſpect that at laſt it might totally obſtruct the urine. A courſe of mercury was tried in all of them, but with no advantage. A ſmall piece of mercurial plaſter was then applied over the ſwelling,

* Vide Appendix, No. xlvii, xlviii.

ſwelling, and this, with a gentle purgative of ſea-water every ſecond or third morning, was all that was adviſed. The ſwelling in each of them became leſs, but never diſappeared entirely. It has not, however, in any of them given any farther diſturbance.

SECTION IX.

Of Swellings of the Glands in the Groin.

THE ſwelling and inflammation of the lymphatics, deſcribed in the laſt ſection, frequently proceeds no farther than the root of the penis. At other times it goes the length of the groin, and affects one or more of the contiguous glands; which become hard, ſwelled, and inflamed, putting on many of the appearances of a venereal bubo.

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At other times theſe glands ſwell and inflame, where no diſeaſe of the contiguous lymphatics is perceived. But although in ſuch caſes no apparent inflammation in theſe veſſels takes place, there is, however, much cauſe to imagine, that in a certain degree it always exiſts. There is not, at leaſt, any other obvious route by which the inflammation can be conveyed from the urethra to the glands in the groin.

In ſome caſes theſe ſwellings become large, and notwithſtanding our endeavours to prevent it, ſuppuration at laſt takes place: but, for the moſt part, if not neglected at firſt, they may be eaſily removed by diſcuſſion. In moſt inſtances this may be done with ſaturnine poultices alone; but where the pain and inflammation are ſevere, blood-letting, both general and local, becomes neceſſary. Laxatives always prove uſeful, and a cooling, low regimen can ſeldom be diſpenſed with.

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The moſt perplexing part of the ſurgeon's practice here is, to determine the real nature of the tumour; to aſcertain whether it proceeds merely from inflammation, or from the abſorption of venereal matter. If from the laſt, mercury alone will prove effectual; while no practitioner would adviſe it for the removal of a ſwelling purely inflammatory. Neither would it, in this caſe, anſwer any good purpoſe. It would not leſſen the ſize of the ſwelling: nay, by the fever which it ſometimes excites, it might even tend to increaſe it, from which would reſult diſappointment to the practitioner, as well as much diſtreſs to the patient.

The circumſtances upon which a judgment is chiefly to be formed are theſe: If no chancre or excoriation has been perceived, either upon the glans or prepuce, and if the inflammation in Gonorrhœa has been conſiderable, there will be cauſe to imagine that the tumour is not venereal. When treating of Chancre and Venereal Bubo, this will fall to be conſidered more

more fully, but at preſent I may obſerve, that buboes do not commonly occur without being preceded by chancres. I know indeed, from various caſes which have fallen under my care, that, contrary to the general opinion, real venereal buboes ſometimes form without any previous chancre, or any external mark of diſeaſe; but as this does not happen once in a hundred inſtances, we are ſufficiently warranted in conſidering the abſence of chancre as a reaſon for ſuppoſing that ſwellings of this deſcription are not venereal.

In glandular tumours ariſing from Gonorrhœa much pain and tenſion prevail, not merely in the diſeaſed glands, but over all the groin; and a general ſympathetic uneaſineſs ſpreads over the thighs and under part of the abdomen. Even the teſtes and abdominal viſcera ſometimes ſuffer; whereas, in the venereal bubo, we commonly find one gland only affected, and the contiguous parts ſeldom become uneaſy till the diſeaſe is far advanced; not, indeed, till the tumour has acquired ſuch

a ſize as to excite pain ſolely by diſtention. The ſwelled gland, it is true, is painful from the firſt, and the pain becomes gradually more ſevere as the tumour increaſes; but the pain is chiefly confined to one part, and ſeldom ſpreads farther till the teguments are much ſtretched by the ſubſequent formation of matter. And, laſtly, when glands ſwelled from this cauſe burſt, the ſores which enſue have a very different appearance from thoſe produced by real venereal buboes. Their edges, inſtead of being hard and retorted, have more the appearance of ſores ariſing from common abſceſſes, and they ſoon begin to heal, even when mercury is not employed, which the others, we may obſerve, ſeldom do.

This circumſtance that I have mentioned, of the cure of theſe ſores being to be effected whether mercury is uſed or not, is the moſt deciſive characteriſtic of their true nature, and when any doubts of this are entertained, either from the ſwelling having taken place without a previous chancre,

chancre, or from any other cauſe, we ought to delay the exhibition of mercury till their tendency to heal, or to degenerate into a worſe ſtate, be aſcertained.

If a ſore puts on a healing appearance, and gradually becomes leſs, there is much cauſe to hope that a complete cure will be obtained whether mercury is uſed or not; while, on the contrary, this remedy ſhould be immediately adviſed when the ſores become foul, and their edges hard; and particularly when, inſtead of healing, they extend to a greater ſize.

The progreſs of the ſwelling alſo affords a mark of diſcrimination. The venereal bubo proceeds more ſlowly to ſuppuration than the inflammatory ſwelling of which we now ſpeak; which moſt frequently indeed, is eaſily diſcuſſed, and ſeldom arrives therefore at the ſtate of abſceſs; but when tumours of this deſcription do end in ſuppuration, it commonly happens in the ſpace of a few days. I have known matter completely formed in them in three or four days from their firſt appearance;

a circumſtance perhaps never met with in the real venereal bubo.

SECTION X.

Of Excoriations of the Glans and Prepuce.

BY the acrimony of the matter in Gonorrhœa the Glans and Prepuce are ſometimes excoriated. A ſlight degree of inflammation takes place at firſt, either partially or over the whole parts; and this being ſucceeded by a diſcharge of matter, the ſkin at laſt becomes fretted, and on being examined with a glaſs, the matter is perceived to flow from an infinite number of ſmall points, on preſſure being applied to them.

But, for the moſt part, this affection of the prepuce and glans takes place without any diſcharge from the urethra. In the courſe of a few days after connection with

an

an infected woman, and without any ſymptom of Gonorrhœa, a ſenſation of heat is perceived over the whole or a conſiderable part of the prepuce and glans, and it ſoon terminates in a diſcharge of matter very ſimilar to what comes from the urethra in Gonorrhœa. From this circumſtance, the diſeaſe has been termed Gonorrhœa Spuria. The matter indeed is ſo ſimilar to that of Gonorrhœa, that it is uſually ſome time before the patient can be convinced of its not coming from the urethra. It not only reſembles the matter of Gonorrhœa in colour and conſiſtence, but likewiſe in quantity. In ſome caſes, it is ſurpriſingly great, owing to the great extent of inflamed ſurface in the numerous plies and doublings of the ſkin forming the preputium.

When the excoriation is not extenſive, the prepuce continues to move upon the glans as it does in health; but when the matter is either of itſelf particularly acrid, or allowed by want of attention to remain till it becomes ſo, the ſkin forming the

prepuce becomes ſo much inflamed and ſwelled, that it cannot but with much difficulty be made to paſs backward and forward. In ſome caſes this becomes impoſſible. If this happens when the prepuce covers the glans and cannot be drawn back, a diſeaſe is thereby produced, which we term Phymoſis; and when the ſwelling takes place when the prepuce is retracted and cannot be pulled forward over the glans, the diſeaſe is termed Paraphymoſis. Of both theſe I ſhall ſpeak more particularly in the following ſections.

By many, this diſcharge of matter from the prepuce and glans has been judged to be venereal; that is, they have ſuppoſed it to be produced by the matter of Lues Venerea. They have therefore conceived it to be always connected with an affection of the conſtitution, and have accordingly, in the method of cure, been chiefly directed by this opinion.

In this, however, they are certainly wrong. From much obſervation, I am convinced, that the diſcharge in all ſuch

caſes

caſes is of a local nature, and that it is no more capable of affecting the conſtitution than the matter of Gonorrhœa. I believe indeed that this is now very generally admitted; and that it is thoſe only who doubt of it, who, taking their information from books, have not paid that attention to the event of theſe diſeaſes, which in forming a judgment of them ought always to be done. It will univerſally I believe be found that the diſcharge may be more eaſily removed by remedies applied directly to the parts affected, than by mercury or any other medicine given internally. Indeed, no advantage ſo far as I have ever perceived, is derived from the internal exhibition of medicines, while the diſeaſe ſeldom reſiſts the application of an aſtringent waſh: neither have I ever known the conſtitution affected with pox from excoriations produced by Gonorrhœa.

It is true that buboes and ſymptoms of pox ſometimes occur where the prepuce and glans have been previouſly affected in

this manner. Of this I have ſeen many inſtances: but in all theſe it has happened, that, on inquiry, the patients were found to have had connection with diſeaſed women during the continuance of the excoriation; and whatever may be the opinion of ſome individuals upon this, few I believe will doubt of an ulcerated or excoriated ſurface being particularly favourable for promoting the abſorption of whatever matter is applied to it; inſomuch, that it is the univerſal remark of patients, that they never eſcape being poxed, if in ſuch circumſtances they have connection with infected women.

It is worthy of remark, that a ſmall partial excoriation is always at firſt of a ſuſpicious nature, while, from any obſervation that I have been able to make, a more general affection, in which the excoriation extends over the whole prepuce and glans, terminates eaſily and without producing any conſtitutional taint. The diſeaſe ſometimes at firſt, indeed, occupies a ſmall ſpot, and afterwards extends over

over the contiguous parts, where, by the event, we judge of its being of an innocent nature from no diſeaſe of the conſtitution being obſerved to enſue: But I have uniformly found, where a ſmall part only has remained for ſome time raw and excoriated, without extending to the ſurrounding parts, that ſymptoms of pox ſucceed to it with as much certainty as they ever do to chancres. I therefore believe that all partial excoriations of this deſcription which remain for a few days in a circumſcribed ſtate, are produced by the matter of Lues Venerea, and that they ought accordingly to be treated as ſymptoms of that diſeaſe. Beſides the other differences which I have elſewhere enumerated between the matter of Lues Venerea and Gonorrhœa Virulenta, it would appear that in this they differ in the moſt obvious manner. The matter of Lues Venerea, however diffuſible it may be when received into the ſyſtem, from which indeed it is never expelled but with the aſſiſtance of mercury, is always ſlow in its progreſs

while only locally applied either to the penis or any other part. Neither can it be applied, as I have already had occaſion to remark, to the ſmalleſt point, without much riſk of pox being produced by it: whereas, the matter of Gonorrhœa, whether it be applied to the urethra, to the glans, or prepuce, ſpreads quickly over all the contiguous parts; while it is obvious to daily obſervation, either that it is not abſorbed, or if it be taken into the ſyſtem, that no conſtitutional diſeaſe enſues from it.

Theſe excoriations of the glans and prepuce, not only reſemble Gonorrhœa, in being produced by the ſame matter, and in being entirely local, but in the method of cure. We have already had occaſion to ſee that the diſcharge in Gonorrhœa can never be ſpeedily removed, but by the uſe of injections. In like manner, bathing the excoriated parts in aſtringent ſolutions, proves the moſt effectual practice here. Lime-water anſwers particularly well for this purpoſe: alſo weak ſolutions of ſugar of lead, and white vitriol: immerſing the parts

parts in brandy, or in a ſtrong infuſion of red-roſe leaves, will ſometimes remove the diſcharge on the firſt application. It is proper, however, to remark, that the more frequently theſe remedies are applied, the more effectual they prove. They ſhould be uſed at leaſt five or ſix times daily, and for the ſpace of a few minutes at each application.

Emollient ointments are frequently employed, but the very cauſe of aſtringents proving uſeful, renders them improper. They conſtantly increaſe the diſcharge, while no advantage ever accrues from them.

Neither do we find that purgatives, or any of the cooling medicines uſually preſcribed here are of any real utility. When much inflammation takes place, they may, in ſome inſtances, prove uſeful, but in all ſuch caſes blood-letting is more to be truſted; particularly the application of leeches to the diſeaſed parts, which, in every caſe of local inflammation, is to be conſidered as the moſt effectual remedy.

It has been objected to the application of leeches in excoriations of the penis, that the wounds from the bites of theſe animals are apt to degenerate into chancres. This proceeded upon the idea of theſe excoriations being produced by the matter of Lues Venerea; but now, when the contrary is known, it is obvious that the opinion muſt be ill founded; and from various and repeated trials of the remedy in queſtion, I can decidedly ſay that it is ſo.

But admitting that a caſe ſhould occur, in which it might be doubtful whether the excoriation and ſwelling was truly venereal or not, ſtill I would not heſitate in adviſing the application of leeches: they would prove more effectual than any other remedy in carrying off the inflammation, while their bites, if they ſhould put on the appearance of venereal ſores, would immediately render the nature of the diſeaſe certain, which otherwiſe might for ſome time have remained in doubt.

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In all ſores and inflammatory affections of theſe parts, the poſture of the body and poſition of the penis, are circumſtances not to be overlooked. The patient ſhould be kept as much as poſſible in a horizontal poſture; and the penis ſhould be elevated ſo as to prevent the glans from hanging downwards. It often, happens, indeed, where this is omitted, that ſwellings remain obſtinate for many weeks together, which otherwiſe might have been removed in a few days.

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SECTION XI.

Of Excoriations in the Parts of Generation of Women.

THE parts of Generation in Women are liable to excoriations of a ſimilar nature with thoſe enumerated in the laſt ſection. In ſome caſes they are confined to the clitoris, nymphæ, and labia pudendi. In others they ſpread to the perineum, and even to the groins and thighs, where, from negligence and want of attention to cleanlineſs, I have known deep and very extenſive ulcers produced.

Where the excoriations are confined within the parts of generation, the ſymptoms are nearly the ſame with thoſe of Gonorrhœa in the uſual form of the diſeaſe; but where the inflammation and rawneſs ſpread to the thighs, much diſtreſs is

is experienced in walking, and in every motion of the body.

The method of cure is nearly the ſame in women as in men. Bathing the parts frequently with one or other of the aſtringent ſolutions mentioned in the laſt ſection, for the moſt part, proves effectual; for the excoriated parts ſeldom lie ſo deep as to require the uſe of the ſyringe; but when the parts become evidently ulcerated, bathing alone is not ſufficient. In this caſe the ulcers fall to be treated in the ſame manner with ſores produced by any other cauſe. When foul and ſloughy, an ointment ſtrongly impregnated with mercurius precipitatus ruber is perhaps the beſt application we can uſe; and for the purpoſe of healing them, nothing anſwers better than common cerate, with a large proportion of lapis calaminaris, or unguentum e calce zince, for which preſcriptions are given in the Appendix.

When ſores of this deſcription do not ſoon yield to theſe applications, eſpecially when they ſpread and penetrate to a greater

greater depth while the patient is uſing them, there will be ſome cauſe to ſuſpect that the conſtitution is tainted with Lues Venerea; in which caſe a courſe of mercury ſhould be adviſed, being the only remedy upon which, in ſuch circumſtances, we can place dependence.

SECTION XII.

Of Phymoſis and Paraphymoſis.

IN ſection tenth I judged it neceſſary to give a definition of theſe two diſeaſes. Inflammation of the preputium always excites ſome degree of thickneſs and contraction. When this contraction occurs while the prepuce covers the glans, and in ſuch a degree as to prevent it from being pulled back, the diſeaſe that takes place is termed Phymoſis. We ſay, that Paraphymoſis is produced when the prepuce

puce contracts behind the glans, and cannot again be drawn over it.

One of the most frequent causes of phymosis is chancres on the preputium. The thickening of the skin induced by chancres, and the inflammation which they are apt to excite, is often productive of phymosis; but it also occurs from other causes. Whatever excites much inflammation of the penis will induce phymosis. Hence it readily occurs in all cases of Gonorrhœa attended with any unusual degree of inflammation, particularly in that variety of the disease where the glans and prepuce are inflamed and excoriated. But although these excoriations often terminate in phymosis, they are still more frequently productive of paraphymosis. The patient, in clearing away the matter, necessarily draws back the preputium, and when the parts are previously much inflamed and thickened, they are apt to contract so suddenly when in this state of retraction, that they cannot again be drawn over the glans.

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In the treatment of phymoſis, we prove ſometimes ſucceſsful by a proper uſe of emollients. No effect will reſult from them when the ſtricture has been of long duration; but, unleſs the inflammation is ſevere, they will often anſwer if duly perſiſted in from the firſt. Immerſing the penis, from time to time, in warm milk, or in a decoction of althea root, or of lintſeed, is perhaps the moſt effectual method of applying emollients; and when much matter is produced between the prepuce and glans, either by chancres or inflammation, theſe liquids ſhould be injected from time to time with a ſyringe. But with a view to leſſen the diſcharge, after thus waſhing out any matter that may be formed, a weak ſaturnine ſolution ſhould be injected three or four times a-day. This, with a low diet, abſtinence from exerciſe, and ſuſpending the penis, will, for the moſt part, prove ſucceſsful; but when the parts are much inflamed, it becomes neceſſary to take blood in quantities proportioned to the ſymptoms, not merely

merely from the arm, but from the penis itself, by the application of leeches, which may always be done with safety where the disease is local, as I have shown to be the case where it proceeds either from simple excoriation or Gonorrhœa: but when produced from chancres, it is better to omit them.

While much stricture remains, it is always improper to force the preputium back. This, however, is often done, but it very commonly terminates in paraphymosis; for when the parts are much contracted it is almost impossible to get the prepuce again brought over the glans, if it has once been forced completely behind it. It is better, therefore, to wait till the stricture is entirely removed, before any attempt for this purpose is made. Besides the risk of inducing paraphymosis, the irritation which it gives tends always to make the stricture more obstinate. When the inflammation is entirely gone, it may be proper, after immersing the penis in any of the emollients that I have mentioned,

tioned, and rubbing it gently over with warm oil, to endeavour, from time to time, to ſtretch it to its uſual extent; but even at this period of the diſeaſe the prepuce ſhould never be puſhed back with ſuch force as to excite much uneaſineſs.

In the treatment of phymoſis it is proper to remark, that, in a great proportion of caſes, the ſtricture is never entirely removed. In ſlight degrees of it, we commonly ſucceed by the means that I have mentioned, but whenever it is ſevere the parts remain under ſome degree of contraction, for the moſt part, during the life of the patient. We have it indeed in our power to remove even the moſt inveterate ſtricture that occurs, by laying the prepuce open, either by a partial inciſion, or cutting it from one end to the other, according to the extent of the diſeaſe; but this is too ſevere a remedy for the removal of phymoſis in the ordinary form of the diſeaſe: where the preputium is ſo much contracted as to interrupt the paſſage of urine, or to impede coition, it no

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doubt becomes proper to leſſen or remove the ſtricture, but it is moſt frequently for obtaining ready acceſs to concealed chancres that we adviſe the prepuce to be freely laid open.

Even chancres are often cured while the prepuce remains contracted; but this is only the ſlighter kinds of them. When chancres are either deep or extenſive, although with much care and attention they may in ſome inſtances be cured, yet we are much more certain of effecting our purpoſe, and of doing it ſpeedily, by laying the ſores completely open. I am clearly of opinion, however, that a patient ſhould rather ſubmit to an ordinary or ſlight degree of phymoſis, where there is no diſeaſe concealed by it, than incur the pain and diſtreſs of an operation. Many have it from their birth, and are not ſenſibly hurt by it.

It happens, indeed, in ſome inſtances, even of this natural phymoſis, if we may ſo term it, that we are under the neceſſity of removing the ſtricture by an inciſion.

This is particularly the case where the natural exsudation of these parts is in such quantities as to excite irritation, which it always does when it adheres to the prepuce and glans. By much pains in washing with a syringe, the parts may be kept so clean as to prevent them from suffering with this mucus; but in general we find it necessary either to lay the contracted preputium open from one end to the other, or to remove a portion of it entirely, by the operation of circumcision.

It may be proper to observe, that although this operation of removing a portion of the prepuce is in itself exceedingly simple and easy, and never fails to answer the purpose where the parts are perfectly sound, that it is very apt to disappoint us entirely, when they are much inflamed, and under the influence of irritation. In this situation, although the parts in which the stricture is seated be completely removed, the remainder of the preputium contracts almost immediately after the operation, so as to create nearly

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the ſame degree of inconveniency which it did before. By the introduction of doſils of lint, ſponge tent, and other ſuch articles, we may for a time prevent the contraction from becoming conſiderable, but the irritation which theſe applications excite oblige us at laſt to lay them aſide, when the ſtricture often takes place in a degree equal to what it was before the operation.

I have taken the more particular notice of this, from different caſes having fallen under my care, in which, by endeavouring to remove a contraction of the prepuce by the operation of circumciſion, we were completely diſappointed. In three of theſe the operation was done by others. In one I performed it myſelf. But although every thing was done in all of them that might probably render them ſucceſsful, yet they all failed, and after a conſiderable time ſpent in trying to dilate the newly-formed ſtricture, I was, in two of theſe inſtances, obliged to perform the operation for the phymoſis in the uſual

way, by making a longitudinal cut through all the remaining part of the preputium. In one the ſtricture was not ſo conſiderable as to render it neceſſary, and in the other the patient would not ſubmit to it.

Were we to remove the prepuce entirely, by diſſecting it completely away from that part of the penis where it begins to be formed by an elongation or production of the ſkin, the operation might probably anſwer our expectation, but it would leave the glans altogether uncovered, which, in thoſe who have been accuſtomed to have it protected with the prepuce, is apt to excite very diſagreeable ſenſations. Neither can I determine with certainty whether it would, in every caſe, anſwer the purpoſe of giving complete relief or not. Where the parts are previouſly in a ſtate of irritation, the remaining ſkin might contract behind the glans, ſo as to produce ſome degree of ſtricture: at leaſt, in one of the four caſes to which I allude, a very conſiderable portion of the prepuce was removed, and yet the remainder contracted

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in such a manner as to form a stricture which gave much distress.

Different methods have been proposed for performing the operation of a phymosis. For these the writers on chirurgical operations must be consulted, but the easiest, and perhaps the simplest of any, is that which I have described in the System of Surgery *, in which the incision is made by passing a sharp pointed bistoury along a directory between the prepuce and glans, and having pushed the point of the bistoury through the prepuce near to where it begins to form, the cut is completed by drawing the instrument forward; in which manner it is done, not only more neatly, but with more expedition, and with much more ease to the patient than in the usual way of cutting the prepuce from before backwards. In this manner the incision is made at different strokes, by which the cut is apt to be ragged and unequal, whereas in the other it is done at once,

* Chapter xxviii. Section 1.

and in any direction that the operator may incline.

Some adviſe the inciſion to run on the ſide of the penis, and others along the back of it. The difference in general is not material, but the former appears to me to be preferable, from the matter either of the cut itſelf, or of concealed chancres not being ſo apt to lodge between the prepuce and glans, as when the inciſion is made on the back of the penis. It is proper, however, to obſerve, that there are two circumſtances, which in this operation require attention: the large veins of the penis ſhould be avoided, and when chancres prevail, the cut ſhould run as near to them as with propriety it can be made, ſo as to admit of the eaſy application of proper dreſſings.

In the conduct of the cure after the operation, we ſhould endeavour to prevent the edges of the divided prepuce from adhering to the glans. I have known much inconvenience produced by this being overlooked, and it is eaſily prevented by

a ſmall pledgit of lint being inſerted between the prepuce and glans at each dreſſing.

Paraphymoſis may happen either from a ſtricture of the prepuce, from a ſwelled ſtate of the glans penis, or from a combination of both.

When it appears to depend, either altogether or chiefly, on a contracted ſtate of the preputium, the ſame applications ſhould be made to it which have been adviſed above for phymoſis. By the uſe of warm emollients, the ſtricture, when in a ſlight degree, may be ſo far removed as to admit of the prepuce being drawn over it. After immerſing the penis for a few minutes in warm milk, and rubbing the contracted parts with any emollient ointment, we may ſometimes ſucceed by applying the fore and middle finger of each hand behind the contracted part of the prepuce, and pulling it gently forward, while, with the thumb of each hand placed upon the glans, we puſh it firmly backward. This I have done in different

inſtances, which otherwiſe would ſoon have ended in ſtrictures of the moſt confirmed kind. It muſt, however, be confeſſed, that it is only in the commencement of the diſeaſe that this, or any other manœuvre of a ſimilar kind, will ſucceed; and there is no room for any ſuch attempt when the diſeaſe proceeds from a tumefied ſtate of the glans.

When the diſeaſe ſeems either to ariſe from an enlarged ſtate of the glans, or partly from this and partly from ſtricture of the prepuce, as ſometimes happens, we may endeavour to relax the preputium by rubbing it with oil, or an emollient ointment; but in ſuch circumſtances it is evident that the application of emollients to the glans would rather do harm. By relaxing the parts affected they would increaſe the ſwelling. Cold aſtringent applications prove more uſeful, and ought alone to be adviſed. In this view, cloths dipped in brandy, vinegar, and cold water, ſhould be applied to the parts; alſo poultices, with crumb of bread, and a ſolution

lution of ſaccharum ſaturni in vinegar and water. But when theſe do not ſoon ſucceed in reducing the ſwelling, we are reduced to the neceſſity of removing the ſtricture by an operation, in order to prevent the acceſſion of more ſerious ſymptoms. When too long neglected the glans is apt to mortify, by the contraction of the prepuce putting a ſtop to the circulation of the blood.

This operation conſiſts in making one or more inciſions into the contracted edge of the preputium. We ſometimes ſucceed by making two or three ſmall cuts in different parts of the ſtricture with the ſhoulder of a lancet. They ſhould be carried entirely through the ſkin into the cellular ſubſtance, for when they bleed freely, they commonly give much relief; but it muſt be admitted that theſe ſmall inciſions, however numerous they may be, do not prove ſo certainly effectual as a ſingle free cut carried completely through the ſtricture. The eaſieſt method of doing this is, by inſinuating the end of a director

rector beneath the ſtricture, and cutting upon it with a ſcalpel. For this purpoſe a ſhort director ſhould be uſed, with the groove open at the extremity.

The inciſion does not require any particular attention, but the divided veſſels ſhould be allowed to bleed freely. This generally leſſens the pain, while it co-operates along with the removal of the ſtricture to carry off the ſwelling. Lint, ſpread with unguentum ſaturnium, makes the beſt dreſſing for the ſore.

It muſt be remembered that we are now ſuppoſing that no diſeaſe exiſts in the conſtitution. When either of theſe diſeaſes are conjoined with Lues Venerea, as we often find to be the caſe, the patient cannot be rendered ſafe, nor will the ſores produced by the operation heal without the aſſiſtance of a courſe of mercury.

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SECTION XIII.

Of Warts on the Glans and Prepuce, and Labia Pudendi.

THE Glans, Prepuce, and Labia Pudendi, are frequently attacked with warty excreſcences on the termination of Gonorrhœa. They ſometimes appear during the continuance of the diſcharge, but more commonly at the end of it, when the patient having conſidered the cure as complete, is ſurprized with the appearance of this new ſymptom.

At firſt they appear in the form of ſmall points, which gradually become larger, and frequently ſo numerous as to cover a conſiderable part of the penis. In men they commonly begin immediately behind the glans, and extend, in the form of a ring, round the whole penis, near to the junction

junction of the glans and prepuce. They afterwards appear indiſcriminately on all the neighbouring parts, but in greateſt number upon the prepuce.

In ſome caſes they are at firſt perceived in the urethra. The patient complains of an obſtruction to the flow of urine, and on ſeparating the lips of the urethra, a red, florid excreſcence is obſerved to be the cauſe of it. I have alſo met with this kind of production in the urethra of women.

Theſe warts are ſeldom painful; never, unleſs they proceed to a ſtate of ulceration, which, when they do, is always to be conſidered as the fault of the patient. On their firſt appearance they are always firm and entire, but when they become numerous, if they be not regularly cleaned, the moiſture natural to theſe parts becomes acrid, and renders them tender; and this if it be not prevented by timeous aſſiſtance, ſoon terminates in painful ulcers.

Theſe excreſcences aſſume various forms. For the moſt part they are ſingle, and

and pendulous, with narrow necks, but in ſome inſtances they have broad baſes; while, in others, a number of theſe ſmaller warts ſprout all from the ſame root, and form excreſcences of unequal cauliflower kind of ſurfaces. When long neglected, as often happens with poor people, they ſometimes acquire ſuch a bulk as to cover the glans entirely; and when in this ſtate they become ulcerated, the whole maſs aſſumes ſuch a diſeaſed appearance, as with thoſe not accuſtomed to this branch of buſineſs, gives a ſuſpicion of their being cancerous. Of this I have met with different inſtances; where the penis, after being doomed to amputation, has been ſaved and the warty excreſcences removed.

It is difficult, or perhaps impoſſible, to aſcertain the cauſe of theſe warts. In ſome caſes they are obviouſly produced from the cuticle, their attachment being ſo ſlight, that on being removed, the cutis vera is left entire: in others they proceed from the ſkin itſelf, but I never obſerved them to go deeper than this.

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Whatever tends to excite the flow of an unuſual quantity of blood to the penis, ſeems to create a diſpoſition in theſe parts to the formation of warts: hence they ſucceed to various kinds of irritation. We know that they are a frequent conſequence of the venereal irritation, for they often ſucceed to chancres; and I have known them in different inſtances proceed from ſimple excoriation, where neither Gonorrhœa nor Lues Venerea ever exiſted. By whatever cauſe irritation is produced in the prepuce and glans, it ſeems to excite a diſpoſition in the ſmall blood veſſels of the parts to ſprout or pullulate, by which theſe warty productions appear to be formed.

As warts are a frequent conſequence of chancres, they have been always conſidered as of a venereal nature, whether they are the immediate effects of chancre, Gonorrhœa, or any other cauſe. This opinion, however, is by no means well founded. Warts on theſe parts may no doubt appear, while Lues Venerea exiſts in the conſtitution;

conſtitution; and in ſuch inſtances mercury muſt be given before a permanent cure can be obtained: But in a great proportion of caſes, at leaſt in ninety-nine of a hundred, they appear to be entirely local; inſomuch that remedies acting only upon the conſtitution have no influence in removing them, while they, for the moſt part, are eaſily carried off by a variety of applications, which act ſolely upon the excreſcences themſelves, or rather upon the veſſels by which they are produced. Nay, theſe warts are ſo evidently of a local nature, that when they occur in Lues Venerea, although they are apt to return when removed while the infection exiſts in the ſyſtem, yet it is equally certain that this diſeaſe of the habit may be completely eradicated without any effect being produced upon them. The warts which ſucceed to chancres commonly remain equally firm and obſtinate after mercury has been given as they were before, and are to be removed by the ſame means as if the conſtitution had never

never been diſeaſed. This, I may obſerve, is a point which in a particular manner merits attention; I mean of all practitioners not daily verſant in this branch of buſineſs; for while the opinion is retained, as ſtill is the caſe with ſome, of warts on theſe parts being in moſt inſtances connected with Lues Venerea, much miſchief is apt to be done by a great deal of mercury being given where no advantage can ever enſue from it. In the treatment of warts, I have known the conſtitution almoſt ruined by one courſe of mercury after another, without any effect upon the excreſcences, and which were afterwards eaſily and ſpeedily removed by remedies applied directly to the parts themſelves.

I have mentioned irritation as a cauſe of theſe excreſcences, but it is only the ſlighter kinds of it that ſeem to produce them. They often ſucceed to a ſlight degree of inflammation, but I have never known them form on parts highly inflamed: on the contrary, much inflammation ſeems to deſtroy the tendency in theſe

theſe parts to the production of warts, inſomuch, that our moſt effectual remedies in the cure of warts and for preventing a return of them, are ſuch as always excite a good deal of pain and inflammation. They may no doubt be removed more quickly with a ſcalpel or ſciſſars, or by tying ligatures of waxed ſilk round them when they are pendulous, and have narrow necks; but they are more apt to return when removed in this manner, than when deſtroyed with cauſtic, unleſs ſome degree of inflammation has at the ſame time been induced upon the parts. Beſides, ligatures cannot be applied to warts with a broad baſe, which they frequently have; and few patients will ſubmit to the uſe of the ſcalpel for the extirpation of numerous warts, which in ſuch inſtances very commonly prevail.

Inflammation, for the purpoſe of removing warts, might be excited in various ways; but we neceſſarily prefer that which is eaſieſt to the patient, and which at the ſame time proves moſt effectual. We ſome-

times ſucceed by bathing the warts and contiguous parts three or four times a-day with a ſtrong ſollution of crude ſal ammoniac, or of corroſive ſublimate. And a ſollution of mercury in ſpirit of nitre at the ſame time that it acts upon the warts themſelves as a cauſtic, ſeems alſo, by exciting inflammation in the veſſels of the contiguous parts, to remove or deſtroy the diſpoſition by which they were at firſt produced. Preſcriptions are given for theſe ſolutions in the Appendix, Nos. 39, 40, and 41. The two former may be uſed with freedom, but the ſtrength of the latter makes it neceſſary to apply it with more delicacy and attention. The parts ſhould be merely moiſtened with a pencil dipped in it, nor ſhould this be repeated above once in two or three days.

Tincture of cantharides, applied in this manner, ſometimes anſwers; but we find by experience, that our ſucceſs is more certain from the application of ſuch powders as irritate and inflame the ſkin, than from the uſe of the ſame remedies in a li-

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quid form. Savine in fine powder is one of the beſt for common uſe. Common muſtard, whether of the white or black kind, likewiſe anſwers; and I have known the powder of betony, and of white hellebore, both ſeparately, and mixed in equal quantities, prove ſucceſsful.

If the warts and ſkin lying between them be ſprinkled over with any of theſe daily, a ſufficient degree of inflammation is, for the moſt part, ſoon induced, and we know that it has gone far enough when ſome of the ſmalleſt begin to ſhrivel and drop off. At this time we ſhould therefore deſiſt from any farther uſe of the powder, always taking care to renew it from time to time, if the inflammation ſubſides before the excreſcences are entirely removed. In a few inſtances, the warts ſprout up again after they may have appeared to be entirely gone. When this takes place, the powder ſhould again be applied over the whole ſeat of the diſeaſe, and continued till ſuch a degree of inflammation is induced as the patient can eaſily bear; nor will they

be apt to return again, if the parts at this ſecond application of the remedy have been made to inflame ſufficiently.

Theſe powders, even in a ſimple unmixed ſtate, very ſeldom fail, but in ſome the warts are ſo firm, and the ſkin of the prepuce ſo thick and corrugated, that powders of a more powerfully irritating nature are required. In ſuch caſes a ſmall proportion of red precipitate, finely levigated, being added to the pulvis ſabinæ, commonly anſwers. Calomel ſometimes proves effectual, whether uſed by itſelf, or mixed with any of theſe powders; and a powder compoſed of equal parts of alumen uſtum and mercurius precipitatus ruber, ſeldom fails.

Even when warts are ſeated in the entrance of the urethra, they may be treated in this manner, at leaſt I have often removed them in this ſituation by the application of theſe powders, and I never knew them do harm. In one inſtance when the wart was farther up the urethra than uſual

uſual, the excreſcence was completely removed by the pulvis ſabinæ alone, but a conſiderable degree of pain was induced by it, which ended in a very copious puriform diſcharge. The urethra became tender and inflamed, through its whole length, and the running having all the appearance of matter of Gonorrhœa, I ſuſpected that a new infection had been communicated. My patient, however, aſſured me that this could not poſſibly be the caſe, as he had not for many months had any connection with women, and there was no cauſe to doubt his aſſertion. The running continued for the ſpace of two or three weeks, with all the ſymptoms of a common clap, and was cured preciſely in the ſame manner, by the uſe of aſtringent injections.

SECTION XIV.

Of Gonorrhœa Simplex.

I HAVE endeavoured in different parts of this work to ſhew that the diſcharge in Gonorrhœa Virulenta is the effect of inflammation excited in the urethra and contiguous parts by the matter of infection being applied to them. In the end of the preceding ſection a caſe is mentioned, in which ſymptoms exactly ſimilar to thoſe of Gonorrhœa Virulenta aroſe from the application of an irritating powder to the urethra; and there is reaſon to ſuppoſe that they may at any time be induced by whatever excites inflammation in any part of that membrane. A puriform diſcharge from the urethra induced in this manner, and without any connection with

with an infected perſon, may be denominated Gonorrhœa Simplex.

We have already had occaſion to ſee, that a diſcharge frequently occurs in females, uſually termed fluor albus, which, in particular circumſtances, very much reſembles Gonorrhœa Virulenta *.

In men, we often meet with a diſeaſe exactly ſimilar to this; where a copious diſcharge of matter takes place from the urethra, attended with a ſcalding heat in voiding urine, as well as with other ſymptoms of Gonorrhœa, and where there is no ſuſpicion of infection being communicated.

Practitioners ſhould at all times be aware of this, particularly the younger part of the profeſſion, who are apt to ſuppoſe that every diſcharge of matter from the genitals, eſpecially in men, ariſes from the venereal diſeaſe: But although this is undoubtedly true in a great proportion of caſes, yet every practitioner of experience muſt have met with inſtances of the reverſe, and in which the reputation of the

* Vide chapter ii. ſection 10.

moſt virtuons people might have been ruined, had the diſtinction that we are now conſidering been overlooked. I have met with different inſtances of men newly married being ſeized with this ſymptom, in ſome of which, although there was at firſt much cauſe for ſuſpicion on the part of the huſband, yet on being informed by a perſon in whom they placed confidence that this kind of running is a frequent effect of other cauſes, and that the diſcharge which had newly taken place, would probably ſhew, by its ending more quickly than Gonorrhœa Virulenta uſually does, that it was of a different nature, they ſoon become leſs anxious, and at laſt were convinced of their fears being groundleſs.

In like manner, I have in different inſtances been conſulted by women, who, on finding their huſband's linen ſtained with matter, have fancied that they themſelves have been injured by them; and the imagination being once affected, we all know how difficult it is in ſuch matters to

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ſet it right. Some time ago I was conſulted by a lady in this ſituation, who, from the cauſe that I have mentioned, had long been reduced to a ſtate of the greateſt diſtreſs and miſery. Her mind was in the firſt place deeply affected with the ſuppoſed miſconduct of her huſband; and ſhe was fully convinced that ſhe herſelf laboured under almoſt every ſymptom which attends the venereal diſeaſe. To this ſhe was in a great meaſure led, by the opinion of a midwife, who unfortunately informed her, that from much experience in matters of this kind, ſhe was convinced that ſhe was poxed, and deſired her to apply to me. Inſtead of this, ſhe put herſelf under the care of one at a diſtance from town, in the place where ſhe reſided, and who, from not having much experience in matters of this kind, was eaſily induced to believe that ſymptoms took place, which did not exiſt but in the imagination of his patient. There was no external mark of diſeaſe; but ſhe complained of pains in her bones, of ſevere pains in the parts of generation

generation and loins; uneaſineſs in the noſe, throat, &c. In ſhort, ſhe had peruſed a modern treatiſe on the Lues Venerea, by which ſhe had become acquainted with the ſymptoms of that diſeaſe, almoſt all of which ſhe now imagined that ſhe laboured under.

A complete courſe of mercury, beſides a variety of other medicines, were given in the country, but no advantage being derived from them, the patient came under my care, when at once it appeared that ſhe was diſeaſed in imagination only; for I did not find, on the moſt minute inquiry, that any ſymptom of Lues Venerea had exiſted from the firſt. She acknowledged, that at different times, both before and after marriage, ſhe had been much diſtreſſed with fluor albus; but this was the only diſeaſe of which ſhe ever complained; and it never was of long continuance.

I endeavoured to convince her that ſhe was perfectly ſound, that ſhe never had the diſeaſe, and that the matter which ſhe had

had ſeen on her huſband's linen, and which was the only foundation of her ſuſpicion, was either produced by his connection with her while ſhe was diſtreſſed with fluor albus, or by ſome other cauſe of a nature equally innocent. All this, however, would have proved ineffectual, but I luckily had an argument in my power which brought conviction along with it, and which, in the courſe of a few days, made all her ſymptoms vaniſh, which otherwiſe might have been of the moſt permanent nature. At the very time when ſhe ſuſpected her huſband to have given her the infection, he had conſulted me by letters, which I preſerved, in which he expreſſed his aſtoniſhment at the ſudden appearance of a diſcharge of matter from the urethra, accompanied with heat and uneaſineſs along the whole courſe of the paſſage from the glans to the bladder. He never had been infected with Gonorrhœa, and having had no connection with any other woman than his wife, of whom he could not entertain the leaſt ſuſpicion, he concludes

concludes his firſt letter by inquiring whether or not ſuch ſymptoms ever originate from other cauſes than intercourſe with an infected perſon, and at the ſame time wiſhed that ſuch medicines might be ſent him as would as quickly as poſſible put a ſtop to the diſcharge. In my anſwer to this, which I alſo preſerved, I mentioned ſeveral cauſes by which a diſcharge from the urethra may be excited, and eſpecially the effect of repeated intercourſe with women labouring under fluor albus where the diſcharge is acrid. I at the ſame time ſent him an aſtringent injection, deſiring that it might be uſed if the diſcharge did not ſoon diſappear. In a ſubſequent letter he informed me, that he had been perfectly convinced by my account of it that his diſeaſe was of an innocent nature; and as a proof of it he mentioned, that it went entirely off in the courſe of eight or ten days, without the injection, or any other remedy, being employed. A ſight of this correſpondence, which I was enabled to ſhew,

could

could alone remove the diſtreſs with which my patient had long been tormented.

I have ſince that period had occaſion to know that her huſband has at different times had a return of the diſcharge from the urethra, in ſome inſtances from expoſure to much cold, fatigue, or wetneſs, and repeatedly from connection with his wife when ſhe laboured under fluor albus.

This happened with a patient who never before had any diſcharge from the urethra; but a running is more particularly apt to occur from this cauſe where Gonorrhœa Virulenta has frequently taken place before. I know many who uniformly experience a return of the diſcharge on being expoſed to much bodily fatigue; particularly much riding on horſeback, or jolting in a carriage on a rough road; on their being overheated with wine, or having more connection than uſual even with ſound women.

The irritation excited in the urethra by a ſtone in the bladder will, in ſome inſtances, induce a very copious diſcharge of

of matter. When this takes place from the bladder itſelf, the matter comes off mixed with the urine, and in no other manner; but when it proceeds from the urethra only, as often happens, it aſſumes all the appearances of Gonorrhœa Virulenta, and paſſes off whether any exertions be made to empty the bladder or not.

We are led to underſtand, that people who are much employed in working among the warmer kinds of ſpices are very liable to a ſcalding in making water accompanied with a diſcharge of purulent-like matter from the urethra. It is particularly apt to occur in thoſe who work chiefly among Cayenne pepper: Nay, it has been known to happen from a perſon carrying this article about with him even for the ſpace of a few hours.

The moſt frequent cauſe of ſtrictures in the urethra is Gonorrhœa Virulenta; but they alſo occur from other cauſes. They have been met with in all periods of life, even where patients have never had any previous

previous diſcharge from the urethra. They are particularly apt to occur in people advanced in years, between the ſixtieth and ſeventieth year of age, and ſometimes later. A perſon who in his youth has ſuffered much with Gonorrhœa Virulenta, is very liable to be attacked about this period with ſtrictures in the urethra, but they likewiſe happen, as I have obſerved above, where no cauſe of this kind can be traced; and in whatever way they are induced, they are very conſtantly attended with a plentiful diſcharge of purulent like matter.

In ſome, theſe ſtrictures have been attended with ſuch a concurrence of circumſtances, ſo ſimilar to thoſe which occur in Gonorrhœa, that the beſt practitioners have at firſt been deceived with them. Where the irritation in the urethra has been conſiderable, ſympathetic ſwellings have occurred in the glands of the groin; and one or both teſticles have ſwelled from the ſame cauſe.

It is generally known, that a diſcharge may at any time be excited from the urethra, by the uſe of ſtimulating bougies. This has in different inſtances been put in practice, where violent pain and other ſymptoms have been induced by the ſudden ſtoppage of the diſcharge in Gonorrhœa, but it has alſo been adviſed for the ſame purpoſe, that is, for exciting a diſcharge of matter merely for the removal of pain, where neither Gonorrhœa nor any venereal ſymptom had ever taken place; and it has never failed when the ſtimulus is of a ſufficient ſtrength of being attended with this effect.

We are informed by authors, that gout has in ſome inſtances been productive of a diſcharge of puriform matter from the urethra; and I have not a doubt of its happening in rheumatiſm. Of this I have met with different well-marked inſtances, where a flow of matter from the urethra has alternated with pains in the knees, and other large joints; and among labouring

ing people accuſtomed to work much in water, ſuch as ditchers, this kind of diſcharge is by no means unfrequent. A patient of mine, who annually takes a great deal of exerciſe in following game, is always ſeized with a diſcharge of matter from the urethra when he goes in ſearch of ducks, by which his feet and legs are kept immerſed in water for ſeveral days together.

Other cauſes might be mentioned, by which a diſcharge from the urethra is at times produced, in every reſpect ſimilar to the matter of Gonorrhœa Virulenta, but theſe are ſufficient to ſhow that it may frequently occur from cauſes of the moſt innocent nature, and in perſons entirely blameleſs. Of this, all who have done much buſineſs in this branch of practice will be eaſily convinced, as inſtances of it are often met with; but the diſtreſs which the want of diſcrimination in matters of this kind is apt to excite, is often ſo great, not to individuals alone, but to

the families with which they are connected; and I have happened to meet with ſo many diſtreſsful occurrences of this kind, which might eaſily have been prevented, that I judged it proper in this particular manner to ſpeak of it.

The fact being eſtabliſhed, that all the uſual ſymptoms of Gonorrhœa Virulenta may be excited by a variety of cauſes, may be conſidered as an additional proof of the matter of Lues Venerea, and of that diſeaſe being different; for although the matter produced by theſe cauſes is ſo ſimilar to that of Gonorrhœa from impure coition, that the one cannot be diſtinguiſhed from the other, yet no perſon ever imagined that the ſymptoms of Lues Venerea could be produced by any of theſe, nor by any cauſe whatever but the abſorption of the matter of that diſeaſe.

It may alſo be remarked, that this opinion of the difference between theſe two diſeaſes is farther confirmed by the method

of

of cure being in Gonorrhœa the ſame, whatever may have been the cauſe of the diſcharge. Whether the matter diſcharged from the urethra be excited by infection communicated by a perſon labouring under Gonorrhœa Virulenta, or by any of the cauſes of Gonorrhœa Simplex that I have enumerated, the method of cure ſhould not be varied. It is true, that the latter will for the moſt part diſappear, whether any remedy be employed for it or not; but this will alſo happen with Gonorrhœa Virulenta. A cure, however, will be obtained much more ſpeedily by a timeous and proper uſe of injections than in any other manner; and if this is admitted in one variety of the diſeaſe, it will be found equally applicable in the other. So far, indeed, as my obſervation goes, the diſcharge in Gonorrhœa Simplex is not more readily affected by the internal exhibition of medicines than we have ſhewn it to be in Gonorrhœa Virulenta; while a proper application of an aſtringent in-

jection very ſeldom fails to remove it. When, however, it ſeems either to depend upon general debility, or to be much connected with a relaxed ſtate of the ſyſtem, we find from experience that cold bathing, and whatever tends to reſtore the loſs of tone that has taken place, proves more obviouſly uſeful here than in Gonorrhœa Virulenta.

SEC-

SECTION XV.

Farther Proofs of the Difference between Gonorrhœa Virulenta and Lues Venerea.

IT was not my intention to enter again on the conſideration of this queſtion, as to me it appeared that the difference between the two diſeaſes was completely proved and eſtabliſhed; but for the ſatisfaction of others who may not be ſo fully convinced of this, I think it right, in a point of ſuch importance, to give a detail of ſome intereſting experiments, which I have lately received with regard to it, and which, if any farther proofs of the opinion which I wiſh to eſtabliſh were ſuppoſed to be wanting, will probably be conſidered as ſufficient. They ought immediately to have followed the ſection allotted to this part of the ſubject; but I

did not receive them till it came to be known that a new edition of the preſent work was far advanced, ſo that I was obliged to reſerve them for a ſeparate ſection.

On a ſubject ſuch as this, the names of thoſe by whom theſe experiments were conducted cannot be mentioned, but I am perſonally acquainted with all of them. My friend Dr Duncan I believe ſaw the progreſs of ſome of them. I know that all which they relate may with certainty be relied on, and I give them nearly in their own words.

One of the gentlemen obſerves, " My experiments were made a good many years ago, and were meant to form the ſubject of a paper for a medical ſociety of which I am a member. I had no theory to ſupport, nor no other view in making them, than to ſupport the opinion at that time generally received among practitioners, namely, that Lues Venerea and Gonorrhœa Virulenta, are one and the ſame diſeaſe,

eaſe, ariſing from the ſame matter of contagion, acting in a different manner on different ſurfaces. I was ſoon, however, convinced, by the very diſtreſsful and unexpected event of my experiments, of the fallacy of this opinion.

" Matter was taken upon the point of a probe, from a chancre on the glans penis, before any application was made to it, and completely introduced into the urethra, expecting thereby to produce Gonorrhœa. For the firſt eight days, I felt no kind of uneaſineſs; but about this period, I was attacked with pain in paſſing water. On dilating the urethra as much as poſſible, nearly the whole of a large chancre was diſcovered, and in a few days thereafter a bubo formed in each groin. No diſcharge took place from the urethra, during the whole courſe of the diſeaſe, but another chancre was ſoon perceived in the oppoſite ſide of the urethra, and red precipitate was applied to it as well as to the other, by means of a probe pre-

viouſly moiſtened for the purpoſe. Mercurial ointment was at the ſame time rubbed on the outſide of each thigh, by which a profuſe ſalivation was excited. The buboes, which, till then, had continued to increaſe, became ſtationary, and at laſt diſappeared entirely; the chancres became clean, and by a due continuance of mercury a complete cure at laſt was obtained."

The next experiment was made with the matter of Gonorrhœa; a portion of which was introduced between the prepuce and glans, and allowed to remain there without being diſturbed. In the courſe of the ſecond day, a ſlight degree of inflammation was produced, ſucceeded by a diſcharge of matter, which in the courſe of two or three days diſappeared.

The ſame experiment was, by the ſame gentleman, repeated once and again, after rendering the parts tender to which the matter of Gonorrhœa was applied, but no chancre ever enſued from it.

Two

Two young gentlemen, while profecuting the ſtudy of medicine, became anxious to aſcertain the point in queſtion; with which view they reſolved on making the following experiments, at a time when neither of them had ever laboured under either Gonorrhœa or Syphilis, and both in theſe and in the preceding experiments, the matter of infection was taken from patients who had never made uſe of mercury.

A ſmall doſſil of lint ſoaked in the matter of Gonorrhœa, was by each of them inſerted between the prepuce and glans, and allowed to remain on the ſame ſpot for the ſpace of twenty-four hours. From this they expected that chancres would be produced; but in the one a very ſevere degree of inflammation enſued over the whole glans and preputium, giving all the appearances of what is uſually termed Gonorrhœa Spuria; a conſiderable quantity of fœtid matter was diſcharged from the ſurface of the inflamed parts, and for

ſeveral

ſeveral days, he had reaſon to fear, that an operation would be neceſſary for the removal of a paraphimoſis. By the uſe of ſaturnine poultaces, however, laxatives, and low diet, the inflammation abated, the diſcharge ceaſed, no chancres took place, and he ſoon got entirely well.

The other gentleman was not ſo fortunate. The external inflammation, indeed, was ſlight, but by the matter finding acceſs to the urethra, he on the ſecond day was attacked with a ſevere degree of Gonorrhœa, which continued for a conſiderable time to give him a great deal of diſtreſs, nor did he for upwards of a year get entirely free of it.

By this he was convinced of the imprudence and hazard of all ſuch experiments; nor could he be prevailed on to carry them farther, although they were keenly proſecuted by his friend; who ſoon after the inflammation ariſing from his firſt experiment was removed, inſerted the matter of Gonorrhœa on the point of a lancet

cet beneath the ſkin of the preputium, and likewiſe into the ſubſtance of the glans; but although this was repeated three different times no chancres enſued. A ſlight degree of inflammation was excited, but it ſoon diſappeared without any thing being done for it. His laſt experiment was attended with more ſerious conſequences. The matter of a chancre was inſerted on the point of a probe to the depth of a quarter of an inch, or more, in the urethra. No ſymptom of Gonorrhœa enſued; but in the courſe of five or ſix days a painful inflammatory chancre was perceived on the ſpot to which the matter was applied. To this ſucceeded a bubo, which ended in ſuppuration, notwithſtanding the immediate application of mercury, and the ſore ariſing from this proved both painful and tedious: Ulcers were at laſt perceived in the throat, nor was a cure obtained till a very large quantity of mercury was given under a ſtate of cloſe confinement for a period of thirteen weeks.

I have thus been enabled to adduce the moſt deciſive proof that can be wiſhed for, of the difference between the matter of Gonorrhœa and Syphilis, and to ſhew that while the matter of Syphilis excites chancres, even when applied to the ſecreting ſurface of the urethra, and that theſe again contaminate the conſtitution, yet that the matter of Gonorrhœa cannot be made to produce chancres, or any ſymptom of diſeaſe in the ſyſtem.

APPEN-

APPENDIX.

THIS Appendix contains formulæ of injections and other remedies for Gonorrhœa, enumerated in the preceding work.

No. 1. ℞. Hydrargyr. muriat. mit. vulgo, Calomel. pp^{tt}. ʒ ii.
Mucilag. gum Arab. ʒ ii. M. et adde
Aq. roſar. ℥ iv.

No. 2. ℞. Calomel. pp^{tt}. ʒ ii.
Balſam. copaib. ʒ i.
Vitell. ovi, ℥ ſs. M. et addē paulatim
Aq. roſar. ℥ iv.

No. 3.

No. 3. ℞. Hydrargyr. purif. ʒ ii.
Mucilag. Arab. ℥ ii. M. S. A.
et adde
Aq. deſtillat. ℥ iv.

Theſe formulæ of mercurial injections ſeem to act, as I have elſewhere obſerved, altogether as aſtringents. They excite little or no irritation, and when they prove ſucceſsful, they commonly do ſo in the ſpace of a day or two. In all of them the mixture requires to be ſhaked when uſed; for, even with the aſſiſtance of mucilage, the mercury ſubſides ſo quickly that ſcarcely any of it will enter the ſyringe if this precaution be omitted.

Inſtead of mucilage, preſcribed in No. 3. I have ſometimes employed honey. This proves more expeditious for extinguiſhing the mercury, but the injection prepared with it excites more pain. Whether mucilage or honey be employed the mercury ſhould be very completely triturated.

No. 4.

No. 4. ℞. Lap. calamin. pp^{tt}. ℈ ii.
Balſam. copaib. ʒ i.
Mucilag. Arab. ℥ ii. M. S. A.
et adde
Aq. fontan. ℥ iv.

No. 5. ℞. Lap. tutiæ, pp^{tt}. ℈ ii.
Mucilag. Arab. ʒ ii. M. et adde
Aq. fontan. ℥ iv.

No. 6. ℞. Lap. calam. pp^{tt}. ℥ iv.
Camphor. in pauxil. ſpirit. vin.
rect. ſolut. ʒ i.
Mucilag. Arab. ʒ iv. M. et adde
Aq. fontan. ℔ vi.
Ut fiat injectio.

In No. 4. the quantity of aſtringent earth is ſo ſmall, that it may be well mixed with the liquid at the time of uſing it, but in Nos. 5, and 6. where there is a greater proportion of earth, after ſhaking the phial, it ſhould be allowed to ſubſide for the ſpace of a minute before filling the ſyringe. In this manner the finer particles only of the earth are thrown into the

the urethra; and it commonly proves as effectual as when the whole of it is uſed.

No. 7. ℞. Alumen. ʒ iſs.
Solve in aq. diſtillat. ℥ viii.

No. 8. ℞. Cortic. quercus, ℥ i.
Coq. in aq. fontan. ℥ xx. ad ℥ xvi. Colaturæ, adde
Pulv. alumen. ʒ ii.

No. 9. ℞. Gall. quercus contuſ. ℥ i.
Coq. in aq. fontan. ℥ xxx. ad ℥ xx. Cola, et adde
Pulv. alumen. ʒ iii.

No. 10. ℞. Kin. pulv. ʒ ii.
Mucilag. Arab. ℥ i. M. in mortario, et adde
Aq. font. bul. ℥ x.

No. 11. ℞. Kin. pulv. ʒ ii.
Pulv. alumen. ʒ i.
Opii. ϑ ii.
Mucilag. Arab. ℥ i. M. et adde
Aq. fontan. bul. ℥ x.

No. 10.

No. 12. ℞. Opii, ʒ i. ſolve in aq. font. ℥vi.

No. 13. ℞. Aq. roſar. ʒvii. ſs.
Tinctur. thebaic. ℥ ſs. M.

In a great proportion of caſes opium diſſolved in water anſwers the purpoſe; but in a few inſtances I have found the ſpirituous tincture in the proportions here mentioned prove more effectual.

No. 14. ℞. Balſam. Canadenſ.
Vel copaib. ʒ iii.
Vitell. ovi, ℥ ſs. M. et adde
Aq. roſar. ʒvi.

When the balſam and yolk of the egg are previouſly well rubbed together, the water may be mixed with them ſo completely that no great degree of ſeparation will afterwards take place; but to prevent any inconvenience which might enſue from the balſam getting to the top of the mixture, it ſhould always be well ſhaked immediately before the ſyringe is filled with it.

No. 15. ℞. Ceruſſ. ʒ ii.
Mucilag. Arab. ℥ ii. M. et adde
Aq. fontan. diſtill. ℥ vi.

No. 16. ℞. Ceruſſ. acetat. vulgo, Sacch. ſaturni. ℈ i.
Solve in aq. diſtill. ℥ viii.

No. 17. ℞. Aq. diſtill. ℥ viii.
Acet. lythargyr. gutt. xxiv. M.

When ſaccharum ſaturni, or ceruſſa acetata, as it is now termed, can be obtained pure, it is perhaps preferable for every purpoſe to vinegar of lytharge; as being of a more determined ſtrength; but it is frequently ſo much adulterated that it will not diſſolve but in very ſmall quantities, even in diſtilled water. Some of it indeed is ſo very inſoluble, that an ounce of water will not diſſolve above a grain. By the addition of vinegar, this may, it is true, be partly remedied; but vinegar, for many purpoſes, is not admiſſible in ſuch quantities as are required for rendering

dering this article ſoluble. Two, three, or more drops of the vinegar of lytharge may be uſed in every ounce of injection. Two drops often prove ſufficient, but many can bear eight or ten.

The following method of preparing vinegar of lytharge is the beſt that I have met with. It is not very different from the extract of lead of goulard, but the ſtrength of it is more certain.

℞. Lythargyri, ℔ iii.
Acet. diſtillat. ℔ x. Coq. leni igne ad ℔ vi.
Cola.

Beſides boiling on a ſlow fire, during which ime it ſhould be well ſtirred with a wood- n ſpatula, the whole ſhould be allowed o cool, and the fæces to ſubſide before raining.

Lead diſſolved in this manner is eaſily ixed with water, and it proves to be a ery convenient, as well as a very effec- al method of uſing it.

No. 18. ℞. Zinci vitriolat. vulgo. vitriol. alb. ℥ ſs.
Solve in aq. font. diſtillat. ℥xvi.

No. 19. ℞. Zinci. vitriolat. ℈ i.
Solve in aq. diſtillat. ℥x. et adde
Acet. lythargyr. gutt. xx. ut fiat injectio.

In ſome caſes, where theſe articles have excited pain when uſed in this manner, they have been rendered perfectly mild by the addition of mucilage of gum Arabic, and in others by camphor. Camphor does not diſſolve completely in any watery fluid, but being previouſly well rubbed with a few drops of ſpirit of wine, as much of it may be mixed with the water as to render the other articles much leſs pungent than they otherwiſe would be. The camphor, however, ſeparates in ſuch quantities as renders it proper to filter the ſolution before being uſed.

Although a precipitation neceſſarily takes place from a mixture of vitriol and ſaccharum

ſaccharum ſaturni, the following combination of theſe two articles with opium gives a very uſeful form of injection.

No. 20. ℞. Zinci vitriolat.
Ceruſſ. acetat. a a ʒ ſs.
Camphor, ʒ i.
Opii, ℈ ii.
Solv. in aq. fontan. bull. ℥ xvi.
Cola.

No. 21. ℞. Fol. roſar. rub. ℥ ſs.
Alumen. pur. ʒ ii. Infund. in aq. bull. ℥ xvi. Cola, ut fiat injectio.

No. 22. ℞. Balſam. copaib.
Vitell. ovi, a a ℥ ſs. M. et adde
Infuſ. roſar. rubr. ℥ xvi.

No. 23. ℞. Cap. papaver. alb. ʒ iv.
Rad. altheæ inciſ. ℥ i.
Infund. per noctem in aq. bull. ℔ ii.
Cola.

No. 24. ℞. Hydrargyr. muriat. vulgo, mercur. ſublimat. corroſiv. gr. i.
Solve in aq. fontan. ℥x.

No. 25. ℞. Mercur. ſublim. corroſ. gr. i.
Acet. lythargyr. gutt. xvi.
Aq. fontan. ℥viii. M. S. A.

No. 26. ℞. Mercur. ſublimat. corroſ. gr. i.
Mucilag. Arab. ℥ii.
Aq. fontan. ℥vi. M.

Corroſive ſublimate mercury diſſolved in water proves to be the moſt certain, and perhaps in every reſpect the beſt form of a ſtimulating injection. Some have adviſed a much ſtronger ſolution than any of theſe, even to the extent of a grain of mercury to three or four ounces of water. I ſuſpect, however, that thoſe who recommend it of this ſtrength have never made uſe of it, at leaſt I have never met with a patient who could bear it. When the mercury is combined with water alone, as in No. 24. one grain to ten ounces proves ſufficiently

ſufficiently ſtrong; but when mixed with ſaccharum ſaturni, with acetum lythargyri, or with mucilage, as in Nos. 25. and 26. a grain may be added to ſix or eight ounces of water. When mixed with either of the two firſt of theſe articles, ſome part of the mercury precipitates, and is therefore loſt, and in the other the mucilage tends evidently to render it leſs active.

No. 27. ℞. Sal ammon. crud. gr. x.
Solve in aq. font. ℥ x.

No. 28. ℞. Aq. fontan. ℥ x.
Spirit. ſal. aromat. gutt. lx. M.

No. 29. ℞. Aq. fontan. ℥ x.
Spirit. corn. cervi gutt. lx. M.

No. 30. ℞. Formul. inject. No. 23. ℥ viii.
Lixiv. cauſtic. gutt. xx. M.

I have frequently found both the volatile and cauſtic alkali prove uſeful where

other injections had failed, but the ſtrength for individuals can ſcarcely be pointed out. While one is able to bear ten drops to every ounce of water, others cannot bear above three or four: The ſtrength that I have adviſed in the three preceding formulæ proves to be the beſt for general uſe, but patients are more eaſily affected with variety in the ſtrength of theſe injections, than of almoſt any other. The cauſtic alkali may be uſed in water alone; but it may be ventured upon in larger quantities, and with more ſafety, when combined with a mucilaginous infuſion.

No. 31. ℞. Ærug. pp^{tt}. gr. viii.
Ol. oliv. opt. ℥ iv. M.

No. 32. ℞. Ærug. pp^{tt}. ʒ i.
Spirit. corn. cerv. ℥ iv.
Digere, et cola.
℞. Solut. ſupr. parat. gutt. xl.
Aq. diſtillat. ℥ x. M.

Verdigriſe

Verdigriſe mixed with oil may be uſed with perfect ſafety, of the ſtrength mentioned in No. 31. but as injections prepared with oil prove dirty and diſagreeable in the application, I commonly prefer the form of the remedy, No. 32.

A much larger proportion of verdigriſe is often adviſed, but when more is employed, it precipitates immediately on being added to the water. Even of this ſtrength the precipitation cannot be prevented entirely but by adding about a half more of the volatile alkali to the filtered ſolution of the verdigriſe. After filtrating through paper, if two ounces of volatile alkali are added, no precipitation will take place if diſtilled water is employed; but in this caſe, a greater quantity of the ſolution may be added to the ſame quantity of water. Inſtead of forty drops, forty-eight or fifty may be added to ten ounces of water.

No. 33. ℞. Aq. fontan. ℥ x.
Tinctur. cantharid. gutt. xx. ad xxx. M.

The

The three following are preſcriptions for bougies.

No. 34. ℞. Emplaſt. diachyl. ſimpl. ℥ iv.
Cer. puriſſ. ℥ iſs.
Ol. oliv. opt. ʒ iii.

No. 35. ℞. Emplaſt. commun.
Sevi ceti, a a ℥ iv.
Ol. oliv. opt. ℥ ſs.
Minii, ℥ ſs. M.

No. 36. ℞. Emplaſt. commun. ℥ vi.
Ceræ flavæ puriſſ.
Sevi ceti, a a ℥ ii.
Ol. oliv. opt. ℥ i.
Antimon. crud. pp^{tu}. ℥ ſs. M, S, A.

Any of theſe preſcriptions afford a good compoſition for bougies. They require to be ſlowly melted, and the different articles to be well mixed together. No. 34. is the ſimpleſt, and perhaps the beſt; the red lead in No. 35. and antimony in No. 36.

No. 36. being added chiefly for the purpoſe of affording a variety of colour. No. 37. is a compoſition for bougies recommended by Mr John Hunter *, and No. 38. by Mr Sharp †.

No. 37. Take of oil of olives three pints,
Bees wax one pound,
Red lead a pound and a half. Let them be boiled together on a ſlow fire for ſix hours.

No. 38. ℞. Diachyl. cum pice burgund. ℥ii.
Argent. viv. ℥ i.
Antimon. crud. pp^{tt}, ℥ ſs.

The quickſilver to be previouſly diſſolved in balſam of ſulphur, or in honey, and added to the plaſter when melted in a moderate heat.

Any of theſe compoſitions, when boiled to a proper conſiſtence, will anſwer for the

* See Treatiſe on the Venereal Diſeaſe, p. 137.

† See Critical Inquiry by Samuel Sharp, F. R. S. &c.

the formation of bougies, which is done in the following manner: While the liquid ſtill continues warm, let a piece of fine old linen be dipped in it, taking care with a ſpatula to cover the whole of it. If the melted liquor be of a proper heat, no more of the plaſter will adhere to the linen than is neceſſary; but as air bubbles are apt to riſe and produce inequalities on the ſurface of the cloth, the ſpatula made uſe of ſhould be ſomewhat warmer than the plaſter, and by means of it the whole ſhould be made ſmooth. The plaſter might indeed be ſpread entirely with the ſpatula; but this is not only attended with more trouble, but it does not cover the cloth with ſufficient equality.

The cloth being ſufficiently cold, may be immediately formed into bougies, but the whole ſhould, in the firſt place, be cut into the number that is meant to be made. The moſt exact method of doing this is by means of a ſharp pointed knife directed by a rule. The pieces ſhould be eleven inches in length for bougies of a full ſize;

but

but they ſhould likewiſe be kept of all the variety of lengths for ſtrictures of different heights in the urethra.

A variety of directions have been given for the form of bougies. Some adviſe them to be made nearly of an equal thickneſs to within an inch of their ſmalleſt end, and to taper from that to the point, while a great proportion are made to taper to within an inch or two of the point, and the reſt of them are cylindrical. I once thought that this laſt was the beſt; but after a long courſe of experience in this branch of buſineſs, I am now convinced, that bougies, which taper equally from one end to the other, are the beſt, and that this form anſwers equally well for every variety of ſize. They are introduced more eaſily, and with leſs pain than the others: the linen ſhould therefore be cut in ſuch a manner as to give them this form. When rightly ſpread, and the linen ſufficiently fine, a well ſhaped bougie will be formed of a ſlip of about five eighths of an inch

broad

broad at its largeſt end, and ſomewhat more than three eighths at the ſmalleſt end. This forms a bougie of a middle ſize; for particular purpoſes they muſt be much larger, and for others not ſo large by a great deal.

Theſe ſlips of linen are now to be rolled up as neatly as poſſible with the fingers; and in order to give them a ſmooth poliſhed ſurface, they ſhould be ſmartly rolled between a piece of ſmooth hard timber, and a plate of fine poliſhed marble: This being continued till the whole become ſmooth and firm, and their points being properly rounded in order to facilitate their introduction, they are in this ſtate to be kept for uſe.

Theſe directions will convey an idea of the method of preparing bougies, but no ſurgeon can ever become ſo expert in forming them as thoſe artiſts who are daily accuſtomed to prepare them in large quantities. I muſt here again obſerve, however, in addition to what I had occaſion to remark, in a former part of this work,

that

that bougies, properly prepared with reſina elaſtica, are preferable, in many circumſtances, to thoſe that are made with plaſter. They not only prove much more durable, but more force can be employed with them, and as they are not apt to break or crack by remaining in the urethra, they are uſed with leſs pain and inconvenience than any other bougie that has yet been invented.

Cat-gut has frequently been uſed as a bougie; but after various trials being made with it, I do not find that it anſwers the purpoſe: It cannot be made ſufficiently ſmooth, and it ſometimes ſwells ſo much as to excite a good deal of irritation; and lead, which was one of the firſt articles uſed for bougies, is ſo firm that it always creates much pain, while at the ſame time it is ſo apt to break, that different inſtances having occurred of it in the urethra, it has now been long laid aſide.

The ſix following preſcriptions are meant for the removal of warts and other excreſcences,

excreſcences, and they anſwer equally well whether the excreſcences proceed from Gonorrhœa or Lues Venerea. It would appear, however, that there is a material difference between the warts which occur as a conſequence of theſe diſeaſes, and ſuch as we uſually meet with from other cauſes; for while the former are for the moſt part eaſily removed by any of theſe applications, even with pulvis ſabinæ alone, the latter are ſeldom acted upon by any of them, if it be not by the ſtrong ſolution of corroſive ſublimate in No. 40. and of mercury and ſpirit of nitre, No. 41. both of which are poſſeſſed of a ſtrong degree of cauſticity.

No. 39. ℞. Sal ammon. crud. ʒ i.
Solve in acet. diſtillat. ʒ ii.
Aq. fontan. ʒ iv.

No. 40. ℞. Hydrargyr. muriat. vulgo, merc. ſublim. corroſ.
Sal ammon. crud. a a. ʒ ſs.
Solve in aq. fontan. ʒ iv.

No. 41.

No. 41. ℞. Argent. viv. ʒ i.
Solve in ſpirit. nitr. fort. ʒ ii.

No. 42. ℞. Pulv. fol. ſabin.
Calomel. a a. ʒ i. M.

No. 43. ℞. Pulv. fol. ſabin.
Mercur. ſublim. corroſ. a a. ʒiii.
Mercur. precip. rub. ʒ i. M.

No. 44. ℞. Alumen. uſt.
Mercur. precip. rub. a a. ʒi. M.

The following form of decoction of ſarſaparilla and mezereon is of a ſtrength which moſt people can bear: when a greater proportion of mezereon is added, it excites ſickneſs, and a very diſagreeable ſenſation in the throat. I mention this decoction here, as in different inſtances I have had occaſion to ſpeak of it; and I ſhall alſo have cauſe to refer to it when treating of Lues Venerea.

No. 45. ℞. Rad. ſarſæ, ʒ ii.
Cortic. radic. mezer. ʒ iſs.
Coq. in aq. font. ℔ iii. ad ℔ ii.
Colaturæ, adde
Syrup. altheæ, ʒ i.

The following is the Decoctum Luſitanicum, or Liſbon diet-drink.

No. 46. ℞. Rad. ſarſaparil.
Santall alb.
rubr. a a. ʒ iii.
Rad. glycyrrhiz.
Mezerei, a a. ʒ ſs.
Ligni rhodii,
Guajaci,
Saſſafras, a a. ʒ i.
Antimon. crud. ʒ ii. Miſce, et infunde in aquæ fontanæ bullientis. ℔ x. per horas xxiv. dein, coque ad ℔ v. Colaturæ, capiat a ℔ iſs. ad ℔ iv. quotidie.

Vel

Vel ℞. Rad. ſarſaparillæ,
Ligni ſaſſafras,
Santal. rubri,
Guajaci, a a ℥ iii.
Cortic. rad. mezer. ℥ i.
Semin. corriand. ʒ vi.
Coq. in aq. fontan. ℔ xx. ad ℔ x.
Sumat ℔ ſs. ter quaterve indies.

Unguentum e calce zinci.

No. 47. ℞. Olei olivarum opt. ℥ iii.
Ceræ albæ,
Sevi ceti, a a. ʒ iii.
Leni calore liquieſc. dein adde
florum zinci ℥ ſs.

Unguentum e lapide calaminare.

No. 48. ℞. Olei oliv. opt. ʒ iii.
Ceræ albæ, ℥ iſs.
Sevi ceti, ℥ ſs.
Lapid. calamin. pp^{tt}. ʒ v. M.
S. A.

END OF VOLUME FIRST.